

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Peer Review

DEUEL VOCATIONAL INSTITUTION

May 5 through May 16, 2008

OFFICE OF AUDITS AND COMPLIANCE

DEUEL VOCATIONAL INSTITUTION

EXECUTIVE SUMMARY

The Office of Audits and Compliance, in conjunction with various teams, conducted an audit of Administrative Segregation (Ad Seg) and Due Process, Business Services, Information Security, Inmate Education Programs, Inmate Appeals, Ad Seg Bed Utilization, and Radio Communication, [REDACTED], Case Records, and [REDACTED] at Deuel Vocational Institution (DVI). The audit was performed during the period of May 5 through May 16, 2008. The purpose of the audit was to determine DVI's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requested that DVI provide a corrective action plan 30-days from the date of the preliminary report.

A summary of the significant issues is as follows:

Ad Seg and Due Process

Areas of concern were found in the following areas:

- **Exercise.** None of the yard group designations received the required 10 hours of outside exercise.
- **Inmate Segregation Profile (CDC 114-A1) 90 Day Update.** Of the 14 ratable CDC 114-A1s, 12 (86 percent) were updated as required.
- **Quarterly Fire Drills.** Of the 36 required quarterly simulated fire drills, documentation was provided to document that 29 (81 percent) had been conducted.
- **Written Notice.** Of the 30 records reviewed, 23 (77 percent) contained a clearly stated date and reason(s) for placement on the Administrative Segregation Unit Placement Notice (CDC 114-D). The 7 remaining records documented the wrong date on reissued CDC 114-Ds.
- **Captain's Review.** Of the 30 records reviewed, 25 (83 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 5 remaining records, 4 documented a late review by a Captain (1 day late) and 1 record documented a same day review.
- **Witnesses on the CDC 114-D.** Of the 30 records reviewed, 25 (83 percent) contained documentation regarding the need for witnesses. The 5 remaining records left this section blank.
- **Inmate Waiver.** Of the 30 records reviewed, 18 (60 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 12 remaining records, 9

documented the inmate had waived the 72-hour preparation time absent a signature by the inmate and 3 records left this section blank.

- **Witnesses on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 25 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 5 remaining records, 3 (60 percent) documented the need for witnesses when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining records did not contain this information.
- **Signing of Post Orders.** The review revealed there are 85 identified staff who are assigned to 40 Ad Seg unit posts. Of the 109 required signatures, 84 (77 percent) were present acknowledging the understanding of the post orders.
- **Supervisor Review of Post Orders.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

Business Services

Personnel:

DVI is over spending its budget. As of May 13, 2008, the budget was over spent by \$45,659. The Institution has one full-time position and two fractional positions that are vacant, and there are 30 Correctional Officers in the academy that will report to DVI on June 30, 2008. Additionally, there is a pending Change in Established Position (Std. 607) that will activate 34.86 Correctional Officer positions with an effective date of April 1, 2008. Therefore, there are 64.86 (30 + 34.86) positions to fill vacancies.

There are 44 salary advances totaling \$31,779 that were outstanding over 90 days. Thirty-four had no action. Additionally, there are 54 accounts receivables totaling \$16,238 that were outstanding over 90 days.

Plant Operations:

- Eleven of the 85 backflow devices are not tested. None of the shops tested have conducted safety meetings (i.e., tailgates) at least every 10 days. Inmates are riding in the back of vehicles without seat belts. The pest control technician does not maintain a daily inventory of chemicals.
- The Plant Operations Maintenance Report does not accurately reflect plant operations activities. For example, the report is not reviewed, the pest Control technician is not listed, and the hours worked by electronic technicians and carpenters are incorrect.
- There is a backlog of over 200 Preventive Maintenance (PM) work orders. There are no PM procedures. Asset history reports are not requested or reviewed by the supervisors. A standardized method of accounting for labor to perform PM was not established.

- Testing and maintenance of the emergency generators is not adequately documented. For example, logs are not maintained for five of the nine generators tested. Also, the logs that are maintained do not reconcile to the Standard Automated Preventive Maintenance System database.
- Supervisors do not approve and prioritize work request/orders. Work order priorities are not established according to departmental guidelines, corrective work orders do not denote the asset number and actions taken. Additionally, inmate time is not noted in over 50 percent of the orders sampled.
- Equipment Maintenance Data Summary Sheets are not prepared when a new piece of equipment is received and installed.
- The Inmate Work Supervisor's Time Log, CDCR 1697 is not maintained. For example, inmate duty statements are not signed and attached, inmates are not signed in properly, transfer in/out dates are missing and initials are used instead of signatures.

Policies and Procedures:

The Plant Operations Procedure Manual (POPM) and Department Operations Manual (DOM) supplements are inadequate. The Operational Procedures contained in the POPM are outdated. There are no written procedures for the pest control technician. Staff and inmates were not notified prior to pesticides/insecticide applications.

The Exposure Control Plan was not reviewed/approved and or updated since 2002.

Internal Control: Separations of duties are inadequate for Inmate Trust Accounting, Non-Drug Medical Supplies, and Maintenance Warehouse. For example, in Trust Accounting, the Accountant I (Supervisor) is the check signer and approver of disbursements and has access to the blank check stock. In addition, separation of duties is inadequate over securities. One person receives, maintains, disposes, and performs physical inventories of inmate securities.

Inmate Trust Accounting: There are 23 old reconciling items reflected on the March 2008 Bank Reconciliation that are not resolved. These items date back to April 2006 through March 2008. Additionally, there are 380 outstanding checks totaling \$9,997 that were over one year old. These checks date back to July 2000 through May 2007.

Training:

- There are three Personnel Specialists who did not attend the basic training courses designed by the State Controllers Office.

- There is no trained backup for plant operations. Additionally, the Audits Branch could not determine whether the Stationary Engineers were certified and trained by the Environmental Protection Agency.
- Job required and job related training is not attended on an annual basis. For example, 50 percent of rank and file and 100 percent of supervisors did not attend tool and key control within the last year according to the In-Service Training documentation.

Thirty five percent of supervisors did not attend blood borne pathogens/universal precautions, 75 percent of supervisors did not attend hazard material handling, 35 percent of supervisors did not attend the Inmate Work Training Incentive Program (IWTIP) and 45 percent of rank and file did not attend the Injury and Illness Prevention Plan training.

- Hazardous waste generator training for Plant Operations, Prison Industry Authority (PIA), and procurement staff (i.e. Garage) was not conducted to comply with the California Code of Regulations, Title 22.

Information Security

Staff Computing Environment:

- Use Agreements are not on file.
- Annual Self–Certification is not on file.
- Information security training is not current.
- Physical location of computer processing units (CPUs) do not agree with inventory records.
- Staff CPUs are not labeled “No Inmate Access.”
- Staff monitors are visible to inmates.
- Anti virus updates are not current.
- Security patches are not current.

Inmate Computing Environment:

- Physical location of CPUs did not agree with inventory records.
- Anti virus updates are not current.
- Inmate monitors are not visible to the supervisor.
- Portable media is not controlled.
- Operating system access is not restricted.
- Printer access is not restricted.

Inmate Education Programs

Education Administration: A Reentry Program Instructor is inappropriately assigned as a Bridging Program Relief Teacher. This Relief Teacher position must be filled by an academic 2290 High School Bridging Program Teacher. The Bridging Education Program is not fully staffed. It has six vacancies. The Education staff does not attend Initial Classification Committee meetings.

No High School credits were issued to students. Additionally, no High School Diplomas were issued. Files do not contain official student transcripts and other reports regarding credits earned and course completions.

Library/Law Library: The library does not have current textbooks and updated materials. Additionally, it does not have a good collection of multi-ethnic titles.

Inmate Appeals

Training: There is no updated Inmate Appeals lesson plan, which identifies recent changes in Department policy. (Department Operations Manual (DOM), Sections 32010.8.4 and 54100.3)

Administrative Segregation Bed Utilization

This review is presented in four separate case groups (i.e. Disciplinary Process, Incident Report Processing, Safety Concerns Investigation, and Prison Gang Investigation).

Disciplinary Process:

1. Hearing to Facility Captain Review: Time from the date of the Rule Violation Report (RVR) hearing to the date the RVR was audited by the Facility Captain ranged from 2 days to 133 days. On average, the Captain's review of the RVR occurred 14 days after the hearing. **(The Department has no regulatory time constraints; however, the expectation is this time will be within five working days.)**
2. Facility Captain to Chief Disciplinary Officer Review: Available information reflected time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer (CDO) ranged from 0-18 days; an average of 3 days. **(The Department has no regulatory time constraints; however, the expectation is within three working days.)**
3. Chief Disciplinary Officer to Information Classification Committee (ICC) review: Time from the date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 6 days to 62 days, or an average of 20 days.

There was one case which had a 410-day lapse from the CDO review to ICC. This was the case of an inmate, who was originally placed into Administrative Segregation Unit (ASU) due to safety concerns, and had numerous unresolved Security Housing Unit RVRs from prior terms. While in ASU, he also received a RVR dated December 15, 2007, for Possession of a Weapon. The ICC review held on January 31, 2008, referring the case for multiple Security Housing Unit audits. The complexity of the casework clearly impacted timely ICC review; therefore, this case was not included in the calculation of the average time frames between CDO and the ICC review. **(The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)**

Incident Reporting Processing:

1. Incident Date to Investigative Services Unit Receipt of Incident Report: Date from incident occurrence to the date Investigative Services Unit (ISU) received the Incident Report ranged from 2 days to 89 days, on average, within 15 days. **(The expectation is the complete package will be presented to ISU within 7 calendar days.)**
2. ISU Receipt of Incident Report to Referral to District Attorney/ISU Screen-out: Date from ISU receipt of Incident Report to referral to District Attorney (DA) or ISU screen out ranged from 0 days to 6 days. **(The expectation is the time should not exceed 5 working days.)**
3. DA Referral to Resolution: Date from DA referral to either rejection or acceptance of the case ranged from 4 days to 153 days, for an average of 24 days. **(This is one area that the Institution has no definitive control over; however, DVI is to be commended for its expedient resolution of DA referrals and efficient relationship with the DA's Office).**

Safety Concern Investigations:

1. Investigation Initiation to Completion: Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 6 days to 64 days; based on the 6 cases for which this information could be determined. However, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is the time should not exceed 30 calendar days).**
2. Investigation Completion to ICC Review: Where the information was available, time from conclusion of the investigation to ICC review of investigation results ranged from 6 days to 64 days, based on four cases for which the information could be determined. Again, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a two-week rotation period).**

Radio Communication

DVI is in compliance with radio communication.

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Case Records

Holds, Warrants, and Detainers (HWD): There were 46 central files reviewed for this portion of the compliance review. Listed below are the discrepancies found in the processing of the HWD.

- In all of the cases reviewed, it appears the four hours for completing the receipt of a detainer is not in compliance with Departmental Policies and Regulations. The Detainer Summary (CDC 850) is not being documented with the times for each part of the detainer process in addition to the Chronological Inmate History (CDC 112) is not being posted for several days after the detainer has been received.
- Hold information is not consistently being posted to the CDC 112; warrant numbers, agency, and no longer wanted when holds are dropped, or the time server has expired.
- The Control Card, CDC 144 cards are not being updated appropriately to reflect the HWD information.
- Detainers and warrants received with inmates that are not addressed to CDCR are being entered into the Offender Based Information System as actual holds instead of processing as potential and staff are not making contact with the law enforcement agency to request a hold.
- Timeserver expiration dates are not being posted to the CDC 112.
- There were several cases which revealed the Time Server's term was not processed timely; i.e., expiration date was March 18, 2007; however, the hold was not dropped until August 24, 2007.
- It appeared in some cases the hold information is either not being removed from the Automated Release Date Tracking System (ARDTs) when inmates parole or the same hold information is being reentered when inmate returns with a new commitment. However, a query of the ARDTs database reflected inmates were not being deleted from the system when they paroled, or updated when the inmate returned. One of the lists contained 120 names of inmates that had paroled and the records had not been deleted.

Subsequently, some of those inmates that have returned have not had their records updated, including the release date. When the Late Release Date Report was queried it had 177 inmates listed. It is hard to determine how staff know when an inmate is due to parole. According to the correctional case records manager and the parole staff, they use ARDTs exclusively for their parole processing.

- The Warden's Checkout Order (CDC 161) is being completed by the correctional case records analyst; however, for a few of the cases the correctional case records analyst had not checked the box for the appropriate type of action to notice the inmate (1389, 1381, 1203.2a, Stoliker, Penal Code, Section 11177.1 or none).
- The CDC 850s are not being prepared consistently for potential holds identified during a parole audit. Also, staff are not consistently following through the required HWD process.

- In one case reviewed, the inmate's status had changed and a new Legal Status Summary Sheet was not generated. The release date on the Legal Status Summary Sheet in the file reflected a release date of April 7, 2007, and the CDC 112 reflected a release date of December 11, 2008.
- The CDC 112 is not consistently being updated with actions taken, i.e., Intake, and Out to Court, etc.
- On the cases reviewed where the hold had been dropped or when the inmate had paroled to a detainer, the agencies detainer was not being returned with the parole pick-up or when the drop hold letter was sent.
- In several of the cases reviewed, the Notice of Detainer (CDC 801) was not being removed from the file upon return of the inmate to our custody.
- During the review, it was discovered that staff are not utilizing the most current version of the CDC 801 as directed in Informational Memorandum, Case Record 07/08.
- Cases are not being consistently referred to United States Immigration and Naturalization Service for possible holds.

Warden's Checkout Order: Central files were reviewed for inmates/parolees who were released from DVI Reception Center for the preceding week of the review. Significant issues surrounding individual cases will be addressed with specific facts. There were 51 cases reviewed and the overall findings are as follows:

- Fifty CDC Form 161s did not reflect the time of release pursuant to policy and procedures (DOM, Section 74070.21).
- Seven of the CDC Form 161s did not reflect the controlling discharge date pursuant to policy and procedures (DOM, Section 74070.21).
- Continue on Parole and Credit for Time Served cases are not being released timely for any apparent reason. Of the 51 files reviewed, 8 cases were released one or more days late with no apparent reason.
- CDC Form 1121, Notice of Release Date and Residence Plan, From Institution to the Parole Unit are not being utilized when there is a date change for a Parole Violation Returned to Custody. When imminent releases occur there are no notations that the Unit Supervisor/Agent of Record are notified.
- The CDCR Form 161 being utilized did not meet the Department's specifications.
- The CDC 112 is not being posted pursuant to Departmental policy.
- The CDC 112 is not being posted accurately or is incomplete.

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OFFICE OF AUDITS AND COMPLIANCE

DEUEL VOCATIONAL INSTITUTION

GLOSSARY

| | |
|---------------------|--|
| Ad Seg | Administrative Segregation |
| ARDTS | Automated Release Date Tracking System |
| ASU | Administrative Segregation Unit |
| CDC 112 | Chronological Inmate History |
| CDC 114-A1 | Inmate Segregation Profile |
| CDC 114-D | Administrative Segregation Unit Placement Notice |
| CDC 128-G | Witnesses on the Classification Chrono |
| CDC 144 | Control Cards |
| CDC Form 161 | Warden's Checkout Order |
| CDC 801 | Notice of Detainer |
| CDC 850 | Detainer Summary |
| CDC 7219 | Report of Injury or Unusual Occurrence |
| | |
| CDO | Chief Disciplinary Officer |
| CPU | Computer Processing Unit |
| DA | District Attorney |
| DOM | Department Operations Manual |
| DVI | Duel Vocational Institute |
| ICC | Information Classification Committee |
| ISU | Investigative Services Unit |
| MSF | Minimum Support Facility |
| PIA | Prison Industry Authority |
| PM | Preventive Maintenance |
| POPM | Plant Operations Procedure Manual |
| RVR | Rules Violation Report |
| Std. 607 | Change in Established Position |

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
AND
DUE PROCESS

DEUEL VOCATIONAL INSTITUTION

MAY 5 THROUGH MAY 16, 2008



PRELIMINARY

CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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Review of Administrative Segregation and Due Process

Deuel Vocational Institution

INTRODUCTION

This review of administrative segregation (Ad Seg) operations and due process provisions at the Deuel Vocational Institution (DVI) was conducted by the Compliance/ Peer Review Branch (CPRB), Office of Audits and Compliance, between the dates of May 5 through 7, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Mark Perkins, Facility Captain; Tony Alleva, Facility Captain; Dave Stark, Correctional Counselor (CC) II; Michael Brown, Correctional Lieutenant; Al Sisneros, Correctional Lieutenant; Chuck Lester, Correctional Lieutenant; and Nancy Fitzpatrick, Associate Governmental Program Analyst, of the CPRB

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

REVIEW SCOPE AND METHODOLOGY

The CPRB conducted an on-site review at DVI during the period of May 5 through 7, 2008. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of DVI's compliance by CPRB

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to DVI's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at DVI, the Facility was found to be in compliance with 48 (83 percent) of the 58 ratable areas. Four areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **Exercise.** None of the yard group designations have received the required 10 hours of outside exercise.
- **Inmate Segregation Profile (CDC 114-A1) 90 Day Update.** The review revealed that in a random sample of 35 CDC 114-A1s reviewed 21 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 14 ratable CDC 114-A1s, 12 (86 percent) were updated as required.
- **Quarterly Fire Drills.** Of the 36 required quarterly simulated fire drills, documentation was provided to document that 29 (81 percent) had been conducted.
- **Written Notice.** Of the 30 records reviewed, 23 (77 percent) contained a clearly stated date and reason(s) for placement on the Administrative Segregation Unit Placement Notice (CDC 114-D). The 7 remaining records documented the wrong date on reissued CDC 114-Ds.
- **Captain's Review.** Of the 30 records reviewed, 25 (83 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 5 remaining records, 4 documented a late review by a Captain (1 day late) and 1 record documented a same day review.
- **Witness on the CDC 114-D.** Of the 30 records reviewed, 25 (83 percent) contained documentation regarding the need for witnesses. The 5 remaining records left this section blank.
- **Inmate Waiver.** Of the 30 records reviewed, 18 (60 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 12 remaining records, 9 documented the inmate had waived the 72-hour preparation time absent, a signature by the inmate and 3 records left this section blank.

- **Witnesses on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 25 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 5 remaining records, 3 (60 percent) documented the need for witnesses when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining records did not contain this information.
- **Signing of Post Orders.** The review revealed there are 85 identified staff who are assigned to 40 Ad Seg unit posts. Of the 109 required signatures, 84 (77 percent) were present acknowledging the understanding of the post orders.
- **Supervisor Review of Post Orders.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

COMPLIANCE RATING BY SUBJECT AREA

| SECTION REVIEWED | NO. OF ITEMS REVIEWED | NO. OF ITEMS NOT RATABLE | NO. IN COMPLIANCE | SECTION SCORE |
|----------------------------------|-----------------------|--------------------------|-------------------|---------------|
| Conditions of Segregated Housing | 30 | 3 | 24 | 89% |
| Due Process | 22 | 0 | 17 | 77% |
| Administration | 10 | 1 | 7 | 78% |

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

| SYMBOL | DEFINITION |
|---------------------------------|---|
| Compliance (C) | The requirement is being met. |
| Partial Compliance (P/C) | The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist. |
| Noncompliance (N/C) | The institution is clearly not meeting the requirement. |
| Not Applicable (N/A) | Responsibility for compliance in this area is not within the authority of this institution. |
| Not Ratable (N/R) | No measurable instances. |

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

SUMMARY CHART

| REVIEW STANDARD | REVIEW FINDING 7/07 | REVIEW FINDING 5/08 | PAGE NO. |
|--|---------------------------|---------------------------|-------------|
| I. CONDITIONS OF SEGREGATED HOUSING | | | |
| 1. Living Conditions. | C | C | 1 |
| a. Housekeeping and Maintenance. | P/C | C | 2 |
| b. Vector Control. | C | C | 2 |
| 2. Restrictions. | C | C | 2 |
| 3. Clothing. | C | C | 3 |
| 4. Meals. | C | C | 4 |
| 5. Mail. | C | C | 4 |
| 6. Visits. | C | C | 5 |
| 7. Personal Cleanliness. | | | |
| a. Showering. | C | C | 5 |
| b. Haircuts. | C | C | 6 |
| c. Laundry Items. | C | C | 6 |
| 8. Exercise. | P/C | N/C | 7 |
| 9. Reading Material. | C | C | 7 |
| 10. Rule Changes. | P/C | C | 8 |

| REVIEW STANDARD | REVIEW FINDING 7/07 | REVIEW FINDING 5/08 | PAGE NO. |
|--|---------------------------|---------------------------|-------------|
| 11. Telephones. | C | C | 8 |
| 12. Institution Programs and Services. | C | C | 9 |
| 13. Visitation and Inspection. | C | C | 9 |
| a. Medical Attention. | C | C | 10 |
| 14. Management Cells. | | | |
| a. Placement. | N/R | N/R | 11 |
| b. Reporting. | N/R | N/R | 11 |
| c. Transfer. | N/R | N/R | 12 |
| 15. Access to the Courts. | C | C | 12 |
| 16. Isolation Log Book. | C | C | 13 |
| 17. Isolation/Segregation Record (CDC 114-A). | | | 13 |
| a. All significant information documented. | C | C | 14 |
| b. The CDC 114-A1 notes yard group designation. | C | C | 14 |
| c. The CDC 114-A1 notes special information. | C | C | 14 |
| d. The CDC 114-A1 is updated every 90 days. | N/C | P/C | 15 |
| 18. Safety. | | | |
| a. Fire Safety. | C | C | 15 |
| b. Quarterly Fire Drills. | P/C | P/C | 16 |
| c. Documentation. | C | C | 17 |

| REVIEW STANDARD | REVIEW FINDING 7/07 | REVIEW FINDING 5/08 | PAGE NO. |
|------------------------|--------------------------------|--------------------------------|-----------------|
|------------------------|--------------------------------|--------------------------------|-----------------|

| | | | |
|--|------------|------------|----|
| II. DUE PROCESS | | | |
| 1. Authority. | C | C | 17 |
| 2. Written Notice. | C | P/C | 18 |
| 3. Receipt of the CDC 114-D. | C | C | 18 |
| 4. Confidential Material. | N/R | C | 19 |
| 5. Review. | C | P/C | 19 |
| a. Staff Assistance. | P/C | C | 20 |
| b. Witnesses. | P/C | P/C | 20 |
| c. Inmate Waiver of Time Limitations. | P/C | P/C | 21 |
| d. Hearing Time Constraints. | C | C | 21 |
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Formal Review of Administrative Segregation and Due Process

Deuel Vocational Institution

COMPARATIVE STATISTICAL SUMMARY CHART

JULY 2007—MAY 2005 REVIEW FINDINGS

| RATING | TOTAL 7/07 | RATING % 7/07 | TOTAL 5/08 | RATING % 5/08 |
|---------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| COMPLIANCE | 52 | 79% | 48 | 83% |
| PARTIAL COMPLIANCE | 12 | 18% | 9 | 15% |
| NONCOMPLIANCE | 2 | 3% | 1 | 2% |
| NOT RATABLE | 4 | | 4 | |
| TOTAL | 70 | 100% | 62 | 100% |

Formal Review of Administrative Segregation and Due Process

Deuel Vocational Institution

SUMMARY OF FACILITIES REVIEWED

The DVI includes 334 Ad Seg unit beds in this Level I, III, and Reception Center Facility. At the time of this review, the Facility was housing 316 Ad Seg inmates.

For the purposes of the review, the CPRB toured the Ad Seg units, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of DVI's Ad Seg units approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in DVI's Ad Seg units are provided a clean, properly maintained cell that approximates those of general population inmates. Written repair requests are generated in the units and submitted to Plant Operations when repairs are needed.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint v. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that DVI's Ad Seg units control vermin and pests by conducting regular inspections of the units. Regular inspections and pesticide applications provide for the control of vermin and pests. In the event of an infestation, the Ad Seg Unit's Sergeant notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other

concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilize a written memorandum and Information Chrono (CDC 128-A) to notice administration as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmate's clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.

(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that worn by other inmates in the unit; nor were inmates clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, reviewed unit documentation and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the units.

Food items are prepared in the main kitchen in bulk hotel pans and transported to the Ad Seg unit where staff prepare individual trays to serve to the inmate population. Food temperatures are being taken and logged by kitchen staff. Meal sample reports are being utilized.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the DVI Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the Ad Seg units and on the exercise yards. Ad Seg inmates are provided the opportunity to shower three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use during exercise periods.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for the general population inmates.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. These laundry items are exchanged on the same basis as the general population.

8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

NONCOMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the DVI Ad Seg units provide controlled compatible and walk-alone yard group designations. None of the yard group designations are receiving the required 10 hours of outside exercise.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a weekly basis. Books are requested from the unit Officer, who distributes the reading material.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing units, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up units. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that each Ad Seg unit posts proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population in conspicuous locations which are accessible to the inmate population.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that DVI provides Ad Seg inmates telephone usage pursuant to the CCR, Title 15, Section 3343(j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance, and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that DVI provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge

of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg units on both Second and Third Watches. In addition, management staff are available for interviews prior to the ICC hearings and CDC 114-D segregation placement administrative reviews. The Housing Sergeant tours the units during First Watch to ensure any emergency is properly addressed. The medical/psychiatric staff are assigned to the units on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. The general medical treatment line is conducted on daily in K wing and on Tuesdays and Thursdays in L1 and L2. First Watch medical emergencies are responded to by the medical staff assigned to the main infirmary. In addition, as stated above, medical/psychiatric staff are assigned to the units daily.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior, and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).

(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).)

- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior, and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

NOT RATABLE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that DVI maintains five management cells located in the K Wing. These cells were not being utilized during this review period.

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or Administrative Officer of the Day, one of whom will review management cell resident status daily.

Findings

NOT RATABLE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

These cells were not being utilized during this review period.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.

(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

NOT RATABLE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

These cells were not being utilized during this review period.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed DVI's Ad Seg units provide direct access to a law library. Inmates submit written requests for law library services to the unit staff librarian who screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** An Isolation Log Book (CDC 114) will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114, is maintained within the units and the infirmary. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **The CDC 114-A.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on CDC 114-A and CDC 114-A1.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)

- a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the Ad Seg units. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation. The review team noted, however, that fish kits were not consistently documented.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 35 CDC 114-A1s. Each (100 percent) of the 35 CDC 114-A1s reviewed documented the inmate's current yard group designation.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that each (100 percent) of the 35 randomly selected CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

PARTIAL COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 35 CDC 114-A1s reviewed 21 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 14 ratable CDC 114-A1s, 12 (86 percent) were updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.

(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate

that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that DVI's Ad Seg units maintain a written policy which specifies the units' fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or Facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

PARTIAL COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the units. However, of the 36 required quarterly simulated fire drills, documentation was provided to document that 29 (81 percent) had been conducted.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.

(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that when fire drills are conducted, the DS 5003s are being completed and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards are essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 1 remaining record documented the date rather than the rank of the official ordering placement.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 23 (77 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. The 7 remaining records documented the wrong date on reissued CDC 114-Ds.

3. **Receipt of the CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.
(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records reviewed, 29 (97 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.
(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 27 were not ratable as the reason for placement was not based on confidential information. Each (100 percent) of the 3 ratable records contained a Confidential Information Disclosure (CDC 1030) issued within the required timeframes.

5. **Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level:
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 25 (83 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 5 remaining records, 4 documented a late review by a Captain (1 day late) and 1 record documented a same day review.

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained documentation of a determination for the assignment of a Staff Assistant (SA), Investigative Employee (IE). The 3 remaining records left this section incomplete (SA or IE areas).

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.
(Reference: CCR, Title 15, Section 3337(b).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 25 (83 percent) contained documentation regarding the need for witnesses. The 5 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D or the inmate desires additional time to prepare for a classification hearing.
(Reference: CCR, Title 15, Section 3337(c).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 18 (60 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 12 remaining records, 9 documented the inmate had waived the 72-hour preparation time absent a signature by the inmate and 3 records left this section blank.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.
(Reference: CCR, Title 15, Section 3337(d).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that the hearing time frames were appropriate based on the inmate's request. The 1 remaining record documented the hearing was held within 72 hours absent a signed waiver by the inmate.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

- 6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3339(b)(2), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b)(2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation of an ICC review within ten days of an inmate's placement in Ad Seg. The 2 remaining records documented a late ICC review (10 to 21 days late).

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation of the determinations arrived at during ICC on the CDC 128-G. The 2 remaining records did not document due process violations (late ICC review).

- b. Was the hearing date recorded on the CDC 128-G?

(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?

(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?

(Reference: CCR, Title 15, Sections 3375(g)(6-8); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units. Each (100 percent) of the 30 records reviewed identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 27 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Each (100 percent) of the 3 ratable records documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-.4.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 25 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 5 remaining records, 3 (60 percent) documented the need for witnesses when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining records did not contain this information.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records contained documentation of the inmate's participation with ICC on the CDC 128-G.

1. **Classification Review.** Instead of the ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days, or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by the ICC at least every 180 days, or when scheduled by staff for specific action.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Of the 30 records reviewed, 11 were not ratable as the inmate had not been on Ad Seg status long enough to require a follow-up review. Each of the 19 ratable records contained documentation of an ICC review as appropriate.

2. **The CSR Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in DVI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the case had been referred to a CSR for review as appropriate.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

COMPLIANCE

The CPRB interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the units for one year or more.

The review revealed that 26 custody staff have been assigned to the Ad Seg units for one year or more. These 26 staff members are each required to have received 11 specialized training classes. Of the 286 required specialized training classes, 285 (99 percent) have been taken.

2. **The ICC.** The ICC shall consist of:
 - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);

- Correctional Administrator or Parole Administrator III (alternate Chairperson);
- Psychiatrist or Physician;
- Facility Captain;
- Correctional Captain;
- CC III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
- Assignment Lieutenant;
- Educational or Vocational Program Representative; and
- Other Staff as required.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)

Findings

COMPLIANCE

The CPRB Examined 30 central files and reviewed the CDC 128-Gs.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.

(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The CPRB interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains a Register of Institutional Violations which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

NOT RATABLE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are no gun posts for the Ad Seg units.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job site for 37 (92 percent) of the 40 Ad Seg posts. Of the remaining 3 post orders, 2 were outdated (373319 and 373320) and 1 was not on-site in the unit (373322).

6. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

PARTIAL COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

- a. Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

PARTIAL COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed there are 85 identified staff who are assigned to 40 Ad Seg unit posts. Of the 109 required signatures, 84 (77 percent) were present acknowledging the understanding of the post orders.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. The CDC 1860s shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).

(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that DVI utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and this is then countersigned by the supervisor. Of the 59 Ad Seg unit posts, 54 (92 percent) contained post orders with the current acknowledgment sheet. The 5 remaining posts did not contain a post order.

6. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a SHU, Special Management Program, ASU, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
 - Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
 - On the aforementioned unit tiers.
- (Authority cited: DOM, Section 33020.16.2.)**

Findings

COMPLIANCE

The CPRB toured DVI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that required staff wear a protective vest while in the Ad Seg units.

Review of Administrative Segregation and Due Process

Deuel Vocational Institution

GLOSSARY

| | |
|-------------------|---|
| AB | Administrative Bulletin |
| Ad Seg | Administrative Segregation |
| AOD | Administrative Officer of the Day |
| CC | Correctional Counselor |
| CCR | California Code of Regulations |
| CDCR | California Department of Corrections and Rehabilitation |
| CDC 114 | Isolation Log Book |
| CDC 114-A | Isolation/Segregation Profile |
| CDC 114-A1 | Inmate Segregation Profile |
| CDC 114-D | Administrative Segregation Unit Placement Notice |
| CDC 128-G | Classification Chrono Form |
| CDC 1030 | Confidential Information Disclosure |
| CDC 1860 | Post Order Acknowledgment Form |
| CPRB | Compliance Peer Review Branch |
| CSR | Classification Staff Representative |
| DOM | Department Operations Manual |
| DS 5003 | Fire Drill Report |
| DVI | Deuel Vocational Institution |
| IB | Informational Bulletin |
| ICC | Institution Classification Committee |
| IE | Investigative Employee |
| PC | California Penal Code |
| SA | Staff Assistant |
| SHU | Security Housing Unit |

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

DEUEL VOCATIONAL INSTITUTION

MAY 5 THROUGH MAY 16, 2008

PRELIMINARY

CONDUCTED BY
THE AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

DEUEL VOCATIONAL INSTITUTION

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch conducted an audit of Business Services at Deuel Vocational Institution (DVI). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Materials Management (i.e., Warehousing);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of May 5 through May 16, 2008. The exit conference was held on May 16, 2008.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Annecia Coleman, Michael Robinson, Deborah Brannon, Naomi Banks conducted the audit. In addition, Mark Sanford, Correctional Plant Supervisor, Richard J. Donovan Correctional Facility, Doug Chaffer Hazardous Material Specialist, Pleasant Valley State Prison, provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of the prior reports, test of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

DEUEL VOCATIONAL INSTITUTION

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of DVI's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

DEUEL VOCATIONAL INSTITUTION

CORRECTIVE ACTION PLAN

DVI's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Rose.Mitjans@cdcr.ca.gov. Send the original to Alberto Caton, (OAC), P.O. Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 358-1801.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

DEUEL VOCATIONAL INSTITUTION

EXECUTIVE SUMMARY

The Audits Branch conducted an audit of the Business Services Operations at DVI during the period of May 5 through May 16, 2008. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit, the Audits Branch conducted an audit of Business Services during the period of July 28 through August 22, 2003, and a follow-up audit during the period of January 12 through January 16, 2004. Unresolved findings are identified in this report as "Prior Finding."

The exit conference was held on May 16, 2008. The Audits Branch requested that DVI provide a CAP within 30 days of receipt of the preliminary audit report.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Materials Management (i.e., Support, Maintenance, Non-Drug Medical Supplies Warehouses);
- Plant Operations;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The areas of Food Services, Procurement (i.e., Service and Expense Orders/Direct Pay), Garage and Property were not audited.

Thirty-nine findings are identified in the preliminary audit report, categorized under the following topics:

| Category | Number of Findings | Page Number |
|--|---------------------------|--------------------|
| Administrative Concerns | 4 | 1 |
| Policies and Procedures | 4 | 3 |
| Health and Safety | 9 | 6 |
| Internal Control | 3 | 12 |
| Late Detection and Additional Workload | 15 | 14 |
| Training | 4 | 22 |
| Total | 39 | |

This executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting 13 percent, Procurement 25 percent, Plant Operations 44 percent, Personnel 40 percent, and Food Services 31 percent. It should be noted that 67 percent of the turnover in Plant Operations resulted from transfers to other institutions, or headquarters.

I. ADMINISTRATIVE CONCERNS

A. Position Control

DVI is over spending its budget. There are ten Correctional Officers in the 918 blanket; however, the Institution has one full-time position and two fractional positions that are vacant. In addition, there are 30 Correctional Officers in the academy that will report to DVI on June 30, 2008. However, there is a pending Change in Established Position (Std. 607) that will activate 34.86 Correctional Officer positions with an effective date of April 1, 2008. Therefore, there are 64.86 positions to fill vacancies. State Administrative Manual (SAM), Section 8531.

Impact: Over expenditure of the budget by \$45,659.07 as of May 13, 2008.

B. Personnel

Personnel Specialists do not have internet access at their workstation. Internet access enables the staff to view manuals from control agencies such as the State Controllers Office (SCO), the Department of Personnel Administration (DPA) and CalPERS that are only available online. SAM, Section 20050.

Impact: This issue results in difficulty obtaining the most updated policies and procedures, and pay scales, etc.

Supervisors do not prepare probationary reports and Individual Development Plans (IDP) timely. As of May 12, 2008, there are 384 reports outstanding that were due during the period of November 2007 through April 30, 2008. Personnel Transactions Manual (PTM).

Impact: This issue could result in employees unaware of their job performance and of work expectations.

C. Occupational Health and Safety

A labor management health and safety committee has been developed; however, mandatory attendance is inconsistent in accordance with the DVI's Injury and Illness Prevention Plan (IIPP).

Impact: This issue results in difficulty complying with the IIPP.

II. POLICIES AND PROCEDURES

A. Administration

Department Operations Manual (DOM) Supplements and Operational Procedures (OP) are not always reviewed on an annual basis. Of the 26 DOM Supplements and OPs reviewed, 9 are not current. For example, OP No. 185, Hepatitis B Vaccinations was last reviewed in May 2001. SAM, Section 20500.

Impact: Could result in difficulty complying with current policies and procedures.

B. Plant Operations

DVI's Plant Operations Procedures Manual (POPM) is inadequate. It does not contain a Preventative Maintenance Section and the OPs contained in the POPM are not updated. DOM, Article 6, Section 1200.

Impact: This issue could result in difficulty providing training and assuring that employees are complying with current procedures.

There are no local operating procedures for the pest control technician. The operating procedure would promulgate the purpose, approval, review, regulatory oversight, notifications, and a facility process to track the usage of all structural pesticides, etc. In addition, the Audits Branch noted that staff and inmates are not notified prior to pesticides/insecticide applications. California Code of Regulations (CCR), Title 15. **(Prior Finding)**

Impact: This practice may expose staff and inmates to potentially harmful chemicals.

C. Occupational Health and Safety

DVI's written site specific Exposure Control Plan (ECP) has not been reviewed/approved and/or updated since 2002. This is not in compliance with the Division of Correctional Health Care Services (DCHCS) guidelines. The plan requires annual updates. CCR, Title 8.

Impact: The plan may not reflect changes and/or updates related to the locations of personal protective equipment as well as infection control practices and post exposure providers.

III. HEALTH AND SAFETY

A. Plant Operations

There are deficiencies related to backflow devices. For example, the master listing is inaccurate. Also, 11 of the 85 backflow devices have not been tested. California Plumbing Code (CPC), Section 603.3.2.

Impact: This issue makes it difficult to determine whether backflow tests have been performed.

None of the shops tested have conducted safety meetings (i.e., tailgates) at least every 10 days and maintained minutes in accordance with CCR, Title 8.

Impact: This issue may result in employees not performing their jobs in a safe manner.

The Audits Branch noted unsafe working conditions. Inmates are riding on equipment and in the back of vehicles without seat belts. DVI's IIPP.

Impact: This practice could result in injuries.

The pest control technician does not maintain a daily inventory of chemicals in accordance with CCR, Title 8 and DOM, Section 52030.2.

Impact: This practice could result in late detection of missing chemicals.

B. Occupational Health and Safety

Communicating work place hazards is not performed in accordance with DVI's IIPP. For example, staff are not supplied with access to current hazard information pertinent to their work assignments. Also, DVI has not adopted the standardized guidelines from the CDCR established in 2005 informing and advising institutions that the IIPP is a living document that requires constant updates and approvals. DVI's IIPP.

Impact: This issue may result in duties not being performed in a safe and healthy manner.

DVI's Exposure Control Committee (ECC) has not convened and met in accordance with DCHCS guidelines. CCR, Title 8.

Impact: Staff are in jeopardy of coming in contact with hazardous substances that may transmit diseases.

DVI does not maintain a sharps injury log in accordance with DCHCS, Blood Borne Pathogens (BBP), and ECP.

Impact: Unable to assure that all injuries related to engineered sharps are reported and documented.

Regulated waste (i.e., engineered sharp containers and red bags) used for the disposal of bio-hazardous waste is not used in accordance with the CDCR's BBP and ECP. Inspections were conducted and deficiencies noted at the Reception Center, Medical Clinic, Main Infirmary, and Basement. CCR, Title 8.

Impact: Staff are in jeopardy of coming in contact with hazardous substances that may transmit diseases.

All areas are not inspected and corrective actions taken in accordance with DOM and DVI's IIPP. The Audits Branch noted occupational hazards in the basement of the main infirmary and non-drug medical supplies warehouse. DVI's IIPP and DOM, Section 31205.3.

Impact: Results in an increased threat to life, health, and safety.

IV. INTERNAL CONTROL

A. Inmate Trust Accounting

Separation of Duties is inadequate. The Accountant I (Supervisor) is the check signer and approver of disbursements and has access to the blank check stock. In addition, separation of duties is inadequate over securities. One person receives, maintains, disposes, and performs physical inventories of inmate securities. SAM, Sections 8080.1 and 20050.

Impact: This issue could result in late detection of errors, irregularities, theft, and/or misappropriation.

B. Non-Drug Medical Supplies

Separation of duties is inadequate. One person has significant control over inventories. For example, the Material and Storage Supervisor (M&SS) II, determines inventory needs, prepares the Form 5, obtains price quotes, receives, distributes, maintains inventory, and performs physical inventory. SAM, Section 20500.

Impact: This issue could result in late detection of errors, irregularities, theft, and/or misappropriation.

C. Maintenance Warehouse

Separation of duties is inadequate. For example, the M&SS II determines inventory needs, prepares the form 5, obtains price quotes, receives, distributes, inputs the purchase order and stock received report, maintains inventory, performs physical inventory, and recounts. SAM, Section 20500.

Impact: This issue could result in late detection of errors, irregularities, theft, and/or misappropriation.

V. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel

Hiring files were reviewed. Of the seven files reviewed, four did not include the questions used in the interviews and the panel member listing. Hiring Process Memorandum.

Impact: This practice could result in the appearance that the hiring process was not completed appropriately and makes it difficult to dispute any complaints from potential candidates.

Suspended payments are not cleared timely. Of the 24 suspended payments outstanding, 23 have not been cleared within 90 days, and 1 dates back to August 2003. Payroll Procedures Manual (PPM), Section 1406.

Impact: The more time that elapses the more difficult it is to resolve the need to establish salary advances and unreported income for an employee.

It appears that overtime is paid to employees that have not completed the work week. Fair Labor Standards Act (FLSA).

Impact: The practice of paying the carryover hours results in an overpayment to an employee and creates an additional workload for personnel

There are 44 salary advances outstanding for over 90 days, of which 34 have had no action taken toward resolution. The advances total \$31,779.17. SAM, Section 8595.

Impact: This practice results in difficulty clearing aged advances, creates additional workload and gives the appearance of an interest free loan.

According to the Accounts Receivable's (AR) Aging Report, provided by the Regional Accounting Office (RAO), dated May 2, 2008, there are 54 ARs outstanding for over 90 days that have had no action taken toward resolution. The advances total \$16,237.67. SAM, Section 8776.7.

Impact: This condition makes it difficult to collect money owed to the State and gives the appearance of interest-free loans. Also, it could create an additional workload and be a hardship to the employee when collections efforts begin.

B. Inmate Trust Accounting

There are 23 old reconciling items reflected on the March 2008 Bank Reconciliation which have not been resolved. These items date back to April 2006 through March 2008. SAM, Section 7923.

Impact: This condition results in difficulties resolving reconciling items as time passes.

There are 380 outstanding checks over one year old that have not been cancelled. These checks date back to July 2000 through May 2007 and total \$9,997.18. SAM, Section 8042.

Impact: Results in difficulty determining if checks are cleared and reconciled to accounts, as well as, loss of interest income.

C. Delegated Testing

The flag code 7 (licensure/credential) and EE (must interview all eligible's) was not placed on the resulting eligible list for the Water and Sewage Plant Supervisor, Correctional Facility (CF) examination. Delegated Testing Manual (DTM).

Impact: Results in the possible hire of an eligible that does not possess the required licensure/credential for appointment into the classification.

The interview scores assigned by the panel members in the Correctional Supervising Cook, CF examination were written in pencil instead of ink on the Competitive Rating Report, Qualifications Appraisal Panel. DTM.

Impact: This practice could result in undetected manipulation.

D. Plant Operations

The Plant Operations Maintenance Report (POM) does not accurately reflect plant operations activities. For example, it is not reviewed, the pest control technician is not listed, and the hours worked by electronic technicians and carpenters are incorrect. DOM, Section 11010.21.4.

Impact: This issue could result in incorrect information used by management to make decisions.

The Audits Branch noted that the methods of a Preventive Maintenance (PM) program are not adhered to. For example: There is a backlog of over 200 PM work orders. There are no PM procedures. Asset history reports are not requested or reviewed by supervisors, a PM program is not adhered to in the Main Kitchen. Institutional goals are not met by the Stationary Engineers per their duty statement, and a standardized method for accounting for labor to perform PM has not been established. Standard Automated Preventive Maintenance System (SAPMS).

Impact: This condition could result in late detection of equipment failure and costly repairs.

Testing and maintenance of the emergency generators is not adequately documented. For example, logs are not maintained for 5 of the 9 generators tested. Also, the logs that are maintained do not reconcile to the SAPMS database. Institutions Maintenance Unit (IMU) memorandum dated December 21, 1999.

Impact: This issue could result in difficulties determining if emergency generators are tested and late detection of problems.

The Audits Branch reviewed daily time sheets for employees, and over 2,000 completed work orders for the months of January through March 2008, encompassing all priorities noted several deficiencies. For example, supervisors do not approve and prioritize work request/orders. Work order priorities are not established according to departmental guidelines, corrective work orders do not denote the asset number, and actions taken. Additionally, inmate time is not noted in over 50 percent sampled. DVI's OP No. 22, SAPMS.

Impact: This issue could result in difficulty determining whether work orders are processed appropriately.

Equipment Maintenance Data Summary Sheets are not prepared when a new piece of equipment is received and put into service. Departmental Plant Operations Maintenance Procedures Manual (DPOMPM), Section 2.D.5. **(Prior finding)**

Impact: This issue could result in equipment not tagged and preventive maintenance schedule may not be established.

The CDC 1697 is not maintained in accordance with the inmate work/training incentive guidelines. For example, inmate duty statements are not signed and attached, inmates are not signed in properly, transfer in/out dates are missing, and initials are used instead of signatures. Inmate Work Training Incentive Program (IWTIP), CCR, Title 15.

Impact: This practice could result in difficulties determining if inmates are complying with the IWTIP guidelines.

VI. Training

Personnel

There are three Personnel Specialists who have not attended the basic training courses designed by the SCO. The personnel specialists are new. SCO.

Impact: This issue may hinder the staff from learning and from acquiring the skills and knowledge necessary to perform the functions of their job appropriately.

Plant Operations

The SAPMS's analyst may not be adequately trained; also, there is no trained backup. Additionally, the Audits Branch could not determine if stationary engineers have been certified and trained by the Environmental Protection Agency (EPA). DOM, Section 41030.4.

Impact: This issue could result in difficulty maintaining the SAPMS's database and complying with EPA requirements.

Job required and job related training is not attended on an annual basis in accordance with DOM. For example, 50 percent of rank and file and 100 percent of the supervisors have not attended tool and key control within the last year per In-Service Training (IST) documentation. Additionally, 35 percent of the supervisors have not attended BBP/universal precautions, 75 percent of the supervisors have not attended hazard material handling, 35 percent of the supervisors have not attended IWTIP, and 45 percent of rank and file have not attended IIPP. DOM, Section 32010.1.

Impact: This issue could result in difficulty performing tasks related to a specific classification in accordance with current policies, practices, and procedures.

Hazardous waste generator training for Plant Operations, Prison Industry Authority (PIA), and procurement staff (i.e. Garage) has not been conducted in accordance with the CCR, Title 22.

Impact: This issue could result in difficulty performing tasks related to a classification in accordance with current policies, practices, and procedures.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting 13 percent, Procurement 25 percent, Plant Operations 44 percent, Personnel 40 percent, and Food Services 31 percent. It should be noted that 67 percent of the turnover in Plant Operations resulted from transfers to other institutions, or headquarters.

I. ADMINISTRATIVE CONCERNS

A. Position Control

1. Hiring Over Budget

Currently, there are 10 Correctional Officers in the 918 blanket but the Institution has one full-time position and two fractional vacant positions. In addition, there are 30 correctional officers in the academy that will be reporting to the Institution on June 30, 2008. Moreover, there is a pending Std. 607 which will activate 34.86 correctional officer positions effective April 1, 2008. Therefore, there are potentially 64.86 positions that will be funded to fill vacancies.

This practice over expends the budget authority by \$45,659.07 as of May 13, 2008.

SAM, Section, 8531, Established Positions, states: "No employee may be appointed except to a position which has been properly established and approved by the Department of Finance to fix its class title, duration, organizational function, and the budget allotment from which the salary is payable."

Recommendation

Review the current number for the correctional officer's position in the 918 blanket and the likelihood of vacant positions. Transfer full-time correctional officers into approved/vacant positions and establish a plan/strategy to eliminate over expending the budget.

B. Personnel Transactions

1. Internet Access

Personnel Specialists do not have internet access at their workstation. Internet access enables the staff to view manuals from control agencies such as the SCO, the DPA and CalPERS that are only available online. SAM, Section 20050.

This issue results in difficulty obtaining the most updated policies and procedures, and pay scales, etc.

SAM, Section 20050, Internal Control, states in part: "...There may be a danger signal when policy and procedural or operational manuals are not accessible, not currently maintained, or non existent."

Recommendation

Provide each personnel specialist with internet access at their workspace or provide a central location in which each specialist has the ability to access the internet.

2. Performance Reports

Probationary Reports and IDPs are not processed by supervisors for employees under their supervision in a timely manner. For example, as of May 12, 2008, there are 384 reports that were due for the period of November 2007 through April 30, 2008.

This condition could result in employees being unaware of their job performance and or work expectations.

PTM, Section 900.1, states in part: "...each State agency is responsible for the administration of the performance appraisal program for permanent and probation employee. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board."

Recommendation

Establish a procedure that ensures performance reports and IDPs are completed timely and monitor for compliance. In addition, the personnel office should include a process that notifies management of whose reports are delinquent.

B. Occupational Health and Safety

1. Labor Management Health and Safety Committee

A labor management health and safety committee has been developed; however, mandatory attendance is inconsistent in accordance with DVI's IIPP.

This issue results in difficulty complying with the IIPP. For example, day to day safety issues may not be raised and possibly resolved. Additionally, this practice gives the appearance that the DVI safety committee is a low priority.

The DVI's IIPP, Institution Safety Committee (ISC) states in part: "The ISC meets monthly and includes the DVI safety officer...Appointments to the ISC for CDCR staff may rotate periodically; however, attendance by the appointed member or alternate is required at the monthly meeting. The Associate Warden or Manager of the listed areas shall send an appointment memorandum at the time of initial appointment and when replacements are made. The safety officer shall notify the Warden if no appointment is made to a vacant position within 60 calendar days of becoming vacant"

Recommendation

Adhere and comply with the DVI's IIPP.

II. POLICIES AND PROCEDURES

A. Administration

1. DOM Supplements and OP

DOM Supplements and OP are not always reviewed on an annual basis. Of the 26 DOM supplements and OPs reviewed, 9 are out of date. See chart below:

| OUT-OF-DATE POLICIES, OPERATIONAL PROCEDURES AND DOM SUPPLEMENTS | | | |
|---|---|------------------------------|---------------|
| REF.# | TITLE | DATE (MONTH/YEAR) | STATUS |
| 13 | Inmate Activity Groups | 02/2001 | DOM |
| 20 | Health and Safety Plan | 09/2002 | DOM |
| 23 | Material Management/Property | 08/2006 | DOM |
| 62 | Infectious /Disease Examination for Employees | 04/2006 | OP |
| 157 | Medical Waste Disposal | 03/2004 | OP |
| 185 | Hepatitis "B" Vaccinations | 05/2001 | OP |
| 186 | Staff Accountability | 06/2005 | OP |
| 188 | Confined Space Procedure | 06/2006 | OP |
| 189 | Respiratory Protection Procedure | 08/2006 | OP |

This issue results in difficulty complying with current policies and procedures.

SAM, Section 20500, Internal Control, states in part: “Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system ...1. Policy and procedural or operational manuals are either not currently maintained or are nonexistent”

Recommendation

Review DOM Supplements and OPs and update as necessary.

B. Plant Operations

1. POPM

The Institution’s POPM is inadequate. It does not contain a Preventive Maintenance section. In addition, several OPs maintained in the POPM that require annual update are not updated. For example:

- Confined Space Program was last updated in 2006;
- Respiratory Protection Program was last updated in 2006;
- Lock/Out Tag Procedure was last updated in 2002; and
- Fall Protection Plan was last updated in 2002.

This condition results in difficulty identifying current OPs, processes may not be standardized and may result in a vulnerable control system.

DOM, Article 6, Section 1200, states: “Regulations, manuals, and bulletins utilized to transmit departmental directives and establishes procedures for their promulgation, distribution, and maintenance.” SAM, Section, 20050, states in part, “Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system . . . Policy and procedural or operational manuals are either not currently maintained or are non-existent....”

Recommendation

Review the current POPM, update as necessary to ensure that the POPM promulgates current policies and procedures.

2. Vector Control Procedures (Prior Finding)

There are no local operating procedures for the pest control technician. The operating procedure should promulgate the purpose, approval and review, regulatory oversight and notifications and a facility process to track the usage of all structural pesticides, etc. In addition, the Audits Branch noted that staff and inmates are not notified prior to pesticides/insecticide applications.

This practice may expose staff and inmates to potentially harmful chemicals.

CCR, Title 15, Subchapter 5, Article 1, Section 3380(c), states in part: "Subject to the approval of the Wardens, Superintendents and Parole Region Administrators will establish such operational plans and procedures as are required for implementation of regulations and as may otherwise be required for their respective operations Such procedures will apply only to the inmates, parolees, and personnel under the administrator." Bargaining Unit 1 Agreement, states in part: ". . . whenever a department utilizes a pest control chemical in a State owned or managed building/grounds, the department will provide at least forty-eight hours notice prior to application of the chemical, unless an infestation occurs which requires immediate action. Notices will be posted in the lobby building and will be disseminated to building tenant contacts.

Recommendation

Develop a written procedure related to the activities and requirements of the Pest Control Program.

3. Occupational Health and Safety

DVI's written site specific ECP has not been reviewed/approved and or updated since 2002. The updates should include but not limited to:

- The post exposure providers for staff at DVI.
- The locations of Personal Protective Equipment (PPE).
- Infection control practices and or policy/procedures for soiled linen.
- Infection control practices and or policy/procedures regarding Methyl Resistant Staphylococcus and Norwalk Virus.

Staff is in jeopardy of coming in contact with biological hazardous substances that may transmit diseases.

The DCHCS requires in part the following:

Together the Warden and Health Care Manager (HCM) shall ensure that the following measures are implemented: A. Lead Persons: The Warden and HCM with their designees, will collaborate, implement, and maintain the ECP. This will in part be via the jurisdiction of the ECC (see Chapter 5, Post-Exposure Evaluation, Documentation, and Follow-up, Section IV, Post-Exposure: Employee, Supervisor, Healthcare Staff). Division of Correctional Health Care Services, BBP, and ECP. REVIEW AND UPDATE OF THE ECP, states: "The Department recognizes the importance of keeping the ECP up-to-date. This will be the responsibility of the Exposure Control Facilitator (ECF) and the ECC. All proposed changes shall be submitted to the Public Health Services (PHS) for

review and approval. The PHS is responsible for providing updates and revisions as necessary. The ECP shall be reviewed and updated under the following circumstances:

- A. Annually;
- B. When new or modified tasks and procedures are implemented;
- C. When new and functional positions or job classifications within the Institution or division are established, which may involve possible exposure to BBP;
- D. On a regular basis to review engineering and work practices controls their regularly scheduled maintenance logs, and to update them to ensure their effectiveness;
- E. In response to data gathered since the last update regarding exposure incidents documented on the sharps injury log;
- F. In response to any information received regarding possible deficiencies or needed improvements; and
- G. To assess progress made in environmental controls for the purpose of decreasing risk to BBP.

Recommendation

Adhere and comply with the DCHCS's BBP ECP.

III. HEALTH AND SAFETY

A. Plant Operations

1. Backflow Devices

The following deficiencies are noted regarding backflow devices.

- The master listing which identifies the location, serial numbers, manufacturer, and the number of backflow devices that are to be tested annually is inaccurate.
- The Audits Branch determined from asset history reports that there are 85 backflow devices entered into the Facility Center Database and only 74 completed field test.
- The Audits Branch could not determine if all backflow devices are tested on an annual basis.

This condition results in difficulty determining whether backflow tests have been performed.

The CPC, Section 603.3.2, states: "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation, and at least on an annual schedule thereafter or more often when required." SAPMS guidelines states in part: ". . . establish an effective and efficient (PM) procedure. This

procedure must establish the systematic maintenance of all major institutional facilities and equipment.” DCHCS, Drinking Water and Environmental Management Division recommends that test results should be kept on file in a central location.

Recommendation

Create a master listing or use plot plans to identify all locations and devices, maintain accurate data within the SAPMS, and test backflows on an annual basis. Continuous education of staff should be encouraged.

2. Tailgate Meetings

Safety meetings (i.e., tailgates) are not conducted for each maintenance section at least every ten days and written minutes taken. Shops tested did not conduct safety meetings.

This condition could result in plant operations not implementing and maintaining an effective IIPP.

CCR, Title 8, Article 3, Section 8406 (e), IIPP, states: “Supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present, subjects discussed, and corrective action taken, if any, and maintained for inspection.”

Recommendation

Conduct and document Safety Meetings in the time frames and manner required by the CCR.

3. Unsafe Working Conditions

The Audits Branch noted unsafe working conditions. Inmates are riding on equipment and in the back of vehicles without seat belts. This was noticed throughout the Institution.

This condition could result in an increased risk of injuries or death to inmates and may also increase the possibility of litigation.

DVI’s Plant Operations IIPP Form No. 2, Vehicle operations, states in part: “Seat belts are to be worn at all times”

Recommendation

Train staff and inmates on seat belt use.

4. Chemical Inventory

The pest control technician does not maintain a daily inventory of chemicals in accordance with DOM.

This condition results in an increased threat to life, health, and safety, and gives the appearance DVI has not implemented an effective IIPP.

CCR, Title 8, Section 5194, Hazard Communication Program, states in part: "...Department heads shall monitor daily compliance with this procedure in the areas of their responsibility. Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained." DOM, Section 52030.2, states in part: "...This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, State, and local laws or ordinances." DOM, Section 52030.4.1 states in part: "Maintain a constant daily inventory of all hazardous substances used or stored"

Recommendation

Comply with the CCR, Title 8 and the DOM.

B. Occupational Health and Safety

1. IIPP

Communicating work place hazards is not performed in accordance with DVI's IIPP. Staff are not supplied with access to current hazard information pertinent to their work assignments. The Audits Branch also noted the following:

- The DVI's DOM Supplement, Section 31020 has not been updated since 2002.
- Codes of safe practices and hazard evaluations maintained at plant operations has not been updated and or reviewed since 2002.
- Codes of safe practices and hazard evaluations maintained at the entrance building has not been updated and or reviewed since 2004.
- Codes of safe practices and hazard evaluations maintained at the personnel office has not been updated or reviewed since 2001.
- DVI did not adopt the standardized guidelines with boiler plate language from CDCR headquarters of 2005 informing and advising that the IIPP is living document that requires constant updates and approvals.

This condition results in duties not performed in a safe and healthy manner.

DOM, Section 31020.3, Objectives, states in part: "All systems shall meet or exceed the minimum safety and health standards of the General industry Safety Orders, CCR (8); Manual of Standards for Adult Correctional Institutions;

National Fire Protection Association, Life Safety Codes; Health and Safety Code (H&SC); and all other applicable federal, State, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control.” DVI’s IIPP, Section XI, states in part: “...Record keeping requirements of the CCR, Title 8, Section 3203 (D) will be adhered to, including: Maintenance of all written documents for five years. Other forms of employer-to-employee communications on safety topics include specific posters letters meetings, etc.”

Recommendation

Comply with DOM and the DVI’s IIPP.

2. Exposure Control Committee Meetings

DVI’s Exposure Control Committee has not convened and met in accordance to the DCHCS guidelines.

This condition could result in staff being in jeopardy of coming in contact with hazardous substances that may transmit diseases.

DCHCS, BBP, and ECP, REVIEW AND UPDATE OF THE EXPOSURE CONTROL PLAN, states in part: “...The Department recognizes the importance of keeping the ECP up-to-date. This will be the responsibility of the ECF and the ECC. ECC: This committee, with its appointed chair(s), will review the contents of the ECP and establish the specifics of its function throughout the institution. In some institutions, this committee’s function is combined with other similar committees, but its functional presence is legally mandated by the CCR, Title 8, General Industry Safety Orders, Article 100, Section 3203, (see Chapter 9, Appendix, page I, App. 2). The ECC must include the Warden of the institution or their designee; the Chief Medical Officer or their designee; a representative from the Union of American Physicians and Dentists (Unit 16), the California Correctional Peace Officers Association (Unit 6), the Health and Safety Office, and other interested staff as may be deemed appropriate. Meeting Frequency: The committee will meet no less than quarterly, and more often as may be indicated by circumstances of employee BBP exposures.”

Recommendation

Meet and convene quarterly in accordance with the DCHCS guidelines.

3. Sharps Injury Log

DVI’s ECC does not maintain a sharps injury log in accordance with DVI and DCHCS’s BBP and ECP.

This issue results in difficulty determining injuries related to engineered sharps.

DVI's ECP states in part: ". . . each sharps incident shall be reported on the log within 14 days of the date the incident was reported. The log shall include sharps exposures incidents and the details of each incident using the CDC Form 7219 (Rev.9/77) Medical Report of Injury or Unusual Occurrence and the testimony of the exposed employee."

Recommendation:

Maintain a sharps injury log in accordance with DVI and DCHCS guidelines and recommendations.

4. Regulated Waste

Regulated waste (i.e. engineered sharp containers and red bags) used for the disposal of bio-hazardous waste is not used in accordance with the CDCR's BBP and ECP. The Audits Branch inspected the RC, medical clinic, main infirmary, and basement. Concerns are noted below:

RC

- Staff's personal items such as lunches, beverages, jackets, etc. are in jeopardy of contamination. They are stored in front of and next to sharps containers that are in use.
- Sharps containers are not maintained close to injection sites. Employees go to a different room to dispose of used engineered sharps.
- Sharp containers are maintained on floors and desks.
- Labeling requirements are not adhered to. For example a white receptacle is stenciled with the universal bio-hazardous waste symbol versus red.
- The pick-up schedule appears inadequate. The Audits Branch noted multiple full sharps containers.

Main Infirmary and Basement

- A metal cabinet is marked that it contains/maintains universal precautions kits. However, it does not contain any PPE.
- Sharp containers are maintained on floors and desks.
- Paper and other non sharps are placed in sharps containers.
- Staffs personal items such as lunches, beverages, jackets, etc. are in jeopardy of contamination as they are stored in front of and next to sharps containers that are in use.
- An outdated metal sharps container is in use. It is not emptied because staff do not have the key. Also, the container is disposable, cleanable or reusable.
- The pick-up schedule appears inadequate; the Audits Branch noted multiple full sharps containers.

- Mops and other non bio-hazardous trash are maintained in red bags in the basement.

This issue could result in staff coming in contact with hazardous substances that may transmit diseases.

CCR, Title 8, REGULATED WASTE, states: “Medical Waste as defined by H&SC, Chapter 6.1, Sections 117600-117800 (see Chapter 9, Appendix, page III, App.1). B. Handling, Storage, Treatment and Disposal of all regulated waste shall be in accordance with H&SC, Chapter 6.1, as referenced above and as described in this Chapter and in Chapter 8, Communicating Hazards and Recordkeeping. It shall also be done in a manner that observes Universal or Standard precautions. C. Disposal of Sharps Containers. 1. When moving containers of contaminated sharps from the area of use, the containers shall be: closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping, placed in a secondary container if leakage is possible. The second container shall comply with all provisions listed in 2, below. 2. Contaminated sharps shall be discarded immediately in containers that are able to be closed, puncture resistant, leak-proof, and labeled in accordance- 3.7, 1/11/02 with the recommendations of the Cal/OSHA BBP Standard (see Chapter 8, Communicating Hazards and Recordkeeping). 3. Reusable containers shall not be opened, emptied or cleaned manually in any manner that might expose employees to the risk of injury.”

Recommendation:

Comply with the DVI’s DOM Supplement and the Medical Waste Management Act, Sections 117600-118360.

5. Inspections

All areas are not inspected and corrective actions taken in accordance with DOM and the DVI’s IIPP. The Audits Branch noted occupational hazards in the basements of the main infirmary as follows:

- Misuse of red bags;
- Standing water;
- Inadequate housekeeping; and
- Inadequate storage of files, air cylinders, medical equipment; lockers, etc.

DOM, Section 31205.3 Inspections states: “Conduct thorough, comprehensive inspections: Daily informal safety inspections of work area for any hazard which may pose potential injury or illness to employee or others. Formal weekly safety inspections of all areas using hazard checklist for grounds and buildings. All areas shall be inspected weekly by a supervisor trained in fire and life safety precautions. Monthly/quarterly safety and sanitation, findings shall be

documented with deficiencies noted. DVI's DOM Supplement, Section 31020 states: "Each area will be inspected at least monthly by the supervisor or designee and a record of the inspection and corrective actions taken shall be maintained with the areas safety plan and completed DVI's IIPP Form 4.

This condition could result in an increased threat to life, health, and safety.

Recommendation:

Comply with the CCR, Title 8, and the DVI's IIPP.

IV. INTERNAL CONTROL

A. Inmate Trust Accounting

1. Separation of Duties

There is insufficient control over the blank check stock. As a check signer and approver of disbursement the Accountant I, Supervisor should not have access to the blank check stock. Additionally, there is insufficient separation of duties over inmate securities. One person performs the following duties:

- Receives and deposits securities, maintains physical custody of securities returns and/or disposes of securities.
- This person also maintains detailed accounting records for securities.
- Performs a physical inventory of securities.

This condition may result in late detection or errors, irregularities, theft, and/or misappropriation.

Sam, Section 8080.1, states in part: ". . . no one person should perform more than one of the following types of duties: approving disbursement document and controlling blank check stock" SAM, Section 20050, states: "The elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: a plan of organization that provides segregation of duties appropriate for proper safeguarding of State assets."

Recommendation:

Ensure that the check signer does not have access to the blank check stock. Separate duties so that one person does not have significant control over inmate securities.

B. Non- Drug Medical Supplies Warehouse

1. Separation of Duties

Separation of duties in the Non-Drug Medical Supplies Warehouse is inadequate. The M&SS II, CF determines the need for goods/services, prepares the Form 5, obtains price quotes, receives goods, and maintains goods in inventory. Additionally, physical inventories are rarely conducted and spot checks are not conducted.

This practice may result in late detection of errors, and/or irregularities, theft, or misappropriation.

SAM, Section 20500, Internal Control, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets... 3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues, and expenditures...."

Recommendation:

Ensure that no one person has significant control over duties in the warehouse.

C. Maintenance Warehouse

1. Separation of Duties

Separation of duties in the Maintenance Warehouse is inadequate. The M&SS II, CF determines the need for goods/services, prepares the Form 5, obtains price quotes, receives goods, and maintains goods in inventory. Additionally, physical inventories are rarely conducted and spot checks are not conducted.

This practice may result in errors, and/or irregularities, theft, or misappropriation.

SAM, Section 20500, Internal Control, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets ... 3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues, and expenditures"

Recommendation:

Ensure that no one person has significant control over duties in the warehouse.

V. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel

1. Hire Process

Hiring files were reviewed and four of the seven files reviewed did not include, the questions used in the interviews and the panel member listing. The files reviewed were for the Warehouse Manager II, two Correctional Administrator, Business Services, two Correctional Business Managers I, one Electronics Technician, and one Correctional Case Records Analyst.

This practice could result in the appearance that the hiring process was not completed appropriately and makes it difficult to dispute any complaints from potential candidates.

The Hiring Process Memorandum, Section Questioning Development: Every candidate interviewed should be asked the same core set of questions and panel member should take notes and use the rating criteria to score responses to the questions.

Section Panel: All screening and interview panels should have a minimum of two members.

Recommendations

Develop a procedure to ensure that the hiring process is completed, and provide training to staff that may be involved in this process (i.e., panel members, etc). Also, monitor for compliance.

2. Suspended Payments

Suspended payments are not cleared timely. Of the 24 suspended payments outstanding, 23 have not been cleared within 90 days, and one dates back to August 2003.

This condition results in difficulties resolving payments and an unclear/aged salary advance. In addition, this issue results in unreported income for an employee.

PPM, Section I406, Suspended Payments, states in part: "A valid payment or adjustment is tested for a series of conditions before being released. If a payment or adjustment fails to meet all the requirements, it is withdrawn for later release and placed on the Suspended Payment File...."

Recommendation

Clear the suspended payment report and establish a procedure to monitor for compliance.

3. FLSA

It appears that overtime is paid to employees that have not completed the work week. Two of the three employee attendance records (i.e., Employee Attendance Record, CDC 998-A and Std. 682) reviewed was paid for an incomplete work week. For example, any overtime worked in the work week of February 25 through March 2, 2008 is paid in the March 2008 pay period.

The practice of paying the carryover hours results in an overpayment to an employee and creates an additional workload for personnel.

FLSA, Policy Guidelines Applicable To State Of California Civil Service Employees, Section III, Work Period Under The FLSA, states: "The work week or work period for miscellaneous employees is a fixed, regularly recurring period of 168 consecutive hours, 7 consecutive 24 hour days."

The Department of Corrections and Rehabilitation established the fixed work week is Monday through Sunday.

Recommendation

Provide training regarding FLSA to the personnel staff. Also, monitor for compliance.

4. Salary Advances

Of the 44 salary advances outstanding over 90 days, 34 have had no action to collect. The 34 salary advances total \$31,779.17.

This practice results in difficulty clearing aged advances, creates additional workload, and gives the appearance of an interest free loan.

SAM, Section 8595, Revolving Fund Advances, states: "Normally, agencies will make revolving fund payments to employees for salary earned only when (1) there have been errors or delays in submitting or processing documents making it impossible for the SCO to prepare and deliver proper salary warrants with a reasonable time" SAM, Section 8776.7, Employee Accounts Receivable, states: "Departments will notify employees (in writing) of overpayments and provide them an opportunity to respond."

Recommendation

Initiate clearance of old salary advances and ensure salary advances are cleared timely. Also, monitor the process for compliance.

5. Accounts Receivables

According to the AR Aging Report from the RAO, dated May 2, 2008, there are 54 ARs outstanding for over 90 days, which have had no action to collect. The 54 ARs total \$16,237.67.

This condition makes it difficult to collect money owed to the State and gives the appearance of interest-free loans. Also, it could create an additional workload and be a hardship to the employee when collections efforts begin.

Accounting Instructional Memorandum (AIM) 99-09, AR Process, Section A, states in part: “. . . the employees must repay any overpayment, to employers.” SAM, Section 8776.7, states: “Departments will notify employees (in writing) of overpayments and provide them an opportunity to respond.”

Recommendation

Initiate clearance of old ARs and ensure ARs are cleared timely. Also, monitor the process of compliance.

B. Inmate Trust Accounting

1. Reconciling Items

There are 23 old reconciling items reflected on the March 2008 Bank Reconciliation which have not been resolved. These items date back to April 2006 through March 2008.

This condition results in difficulties resolving reconciling items as time passes.

SAM, Section 7923, Bank Reconciliation, states in part, “...agencies will reconcile their Trust Fund Cash accounts monthly with the Treasurer’s bank balance and other reconciling items....”

Recommendation

Research and resolve reconciling items within 30 days of their occurrence.

2. Outstanding Checks

There are 380 outstanding checks over one year old that have not been cancelled. The checks date back as far as July 2000 through May 2007 and total \$9,997.18. SAM, Section 8042.

This practice results in difficulty determining if checks are cleared and reconciled to accounts, as well as, loss of interest income.

SAM, Section 8042, states in part: "...trust fund checks have a one-year period of negotiability."

Recommendation

Clear outstanding checks on a monthly basis.

C. Delegating Testing

1. Eligible List (Use of Flag Codes)

Flag codes were not placed on the resulting eligible list for the Water and Sewage Plant Supervisor, CF examination, although the flag code 7 was coded on accepted applications. The flag code EE (i.e., must interview all eligible's) was not coded on the applications. The flag code 7 is used to ensure that when an eligible is hired that the eligible has the licensure/credential required for appointment into the classification. The EE flag code is used to ensure all eligible's from the resulting eligible list are interviewed, since the examination plan was a 100 percent Education and Experience rating (i.e., no interviews were held).

This practice may result in the hire of an eligible that does not possess the required licensure/credential for appointment into the classification. Additionally, it does not provide an opportunity for all eligible's to participate in an interview from an examination that was administered on a 100 percent Education and Experience basis.

DTM, Section A, Preparation for Testing, page A 8, page 15 requires that flag code 7 is used to ensure a license, credential, or certificate is provided prior to appointment.

Recommendation

Review the Departmental Testing Procedures Memorandum (DTPM) for the examination to see if any flag codes are required to be placed on the resulting eligible list and ensure that the appropriate flag code(s) is placed on eligible lists, when applicable.

2. Competitive Rating Report, Qualifications Appraisal Panel

The interview scores assigned by the panel members in the Correctional Supervising Cook, CF examination were written in pencil versus ink on the Competitive Rating Report, Qualification Appraisal Panel.

This practice may result in undetected manipulation of scores.

DTM, Section A, Preparation for Testing, page A 8, page 13 requires that interview scores assigned by panel members to be done in ink.

Recommendation

Ensure that all scores assigned during an examination administration is written in ink on the Competitive Rating Report.

D. Plant Operations

1. POM Reports

POM reports are unreliable. It does not accurately reflect Plant Operations activities; during the period sampled September 2007 through March 2008. The Audits Branch noted the following deficiencies:

- The POM report is not routed and reviewed by the Warden.
- The Pest Control technician is not listed.
- The Electronic Technician is not meeting minimum hours for a pay period. The average is 67 hours per month.
- Carpenter's average 418 hours per month, Grounds Keeper's average 355 hours per month, and Painter's average 331 hours per month, which appears excessive.

This practice may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

This practice is not in accordance with the DPOMPM, and the DOM, Section 11010.21.4, states: "Compile information for monthly reports as appropriate." SAPMS guidelines, state in part, "Routing copies of the report to the following: Warden, Correctional Administrator, Business Services, and Correctional Plant Manager..."

Recommendation

Route, validate, and review reports for accuracy to determine that they accurately reflect Plant Operations activities.

2. PM

The Audits Branch noted that the methods of a PM program are not adhered to. For example: There is a backlog of over 200 PM work orders. There are no PM procedures. Asset history reports are not requested or reviewed by supervisors. A PM program is not adhered to in the Main Kitchen. Additionally institutional goals are not met by the Stationary Engineers per their duty statement and a standardized method to account for labor has not been established.

This condition could result in late detection of equipment failure and costly repairs.

The DPOMPM and SAPMS guidelines, state in part: “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment . . . Without such program, equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised.” California Uniform Retail Food Facility Law, Section 114050, states in part: “All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair.” The correctional plant manager shall complete a review, at least monthly.

Recommendation

Comply with the methods of a PM program.

3. Emergency Generators

Documentation of testing and maintenance of the emergency generators is not maintained in accordance with IMU guidelines.

For example:

- There are no local procedures establishing standardized procedures and or direction for the testing and maintenance of emergency generators.
- Logs maintained by DVI Electricians do not reconcile with SAPMS data.
- Logs do not contain correlated maintenance identifier numbers established in the data base.
- Logs are not maintained for five of the nine generators.
- The cost of PM is not standardized.
- Logs do not denote actions taken when generators fail.

This issue may make it difficult to determine and validate that emergency generators are tested timely.

IMU Memorandum, “Emergency Power Generator System,” dated December 21, 1999, directs institutions to conduct load bank test on emergency

generators and recommends that the institution incorporate all assets and tasks into the SAPMS. Notice of Change to DOM Transmittal Letter 00-01, states: "Each institution/facility and parole region shall independently implement local procedures in accordance with all applicable laws and regulations governing those policies and procedures which are not covered by an approved DOM article."

Recommendation

Comply with IMU guidelines and Notice of Change to DOM.

4. Daily Times Sheets/Work Orders

The Audits Branch reviewed daily time sheets for employees and over 2,000 completed work orders for the months of January through March 2008 encompassing all priorities. The Audits Branch noted that OP No. 22, Work Request and Work Orders reference SAM, Section 1500, which does not exist. Other deficiencies are as follows:

- Supervisors do not approve and prioritize work request/orders. They are prioritized by a default on the Facility Center data base and by the System Administrator and Office Technician.
- Work orders priorities are not established according to departmental guidelines. For example, a Priority 5 designation is not used for projects.
- Corrective work orders do not denote actions taken.
- Procedures/tasks are not checked for documenting PM procedures preformed.
- Inmate time is not noted in over 50 percent sampled.
- There are no asset numbers on corrective work orders.
- Per OP 22, supervisors review, approve and prioritize work request. The Audits Branch noted staff are self generating work orders with little or no supervisory input and appear to have a higher priority than work orders that are approved by supervisors. In general, a self generated work order is completed within 24 hours and approved work orders are completed within 5-7 days.

This issue results in incompatibility with SAPMS, difficulty determining tasks performed, and no standard work order process.

SAPMS guidelines, DPOMPM states in part: ". . . approved work request will be forwarded to the work order desk and logged in the standard work order request log When the tradesperson completes the labor and material portion of the work order, the work order is returned to the trade's persons supervisor . . . the supervisor will review the completed information and route to the work order desk Approved work request will review the completed information and route to Plant Operations work order desk and computerized work order will be prepared" DIV's OP No. 22, Purpose and Objectives, states: "This

guideline provides information toward the proper routing and the orderly processing of such request.”

Recommendation

Ensure that work orders are reviewed by supervisors, fully completed, signed, dated, and returned in a timely manner. Additionally, establish a standardized work order system.

5. Equipment Maintenance Data Summary Sheets

Trades staff are not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed, such as ovens, water heaters, dish washing machines and steam kettles. As a result, equipment/assets are not clearly identified with the standard equipment code on each piece of equipment (SAPMS tags). The Audits Branch noted that 15 percent of equipment tested did not have identifiers; this condition was noted in Food Services. Also, PM schedules are not established for new equipment.

This issue could result in equipment that is not tagged and PM schedules not being established. In addition, reports and inventories may be inaccurate.

DPOMPM, Section 2.D.5 and SAPMS guidelines, states: “All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the DPOMPM and develop assignment schedules for the completion of the PM”

Recommendation

Prepare Equipment Maintenance Summary Data Sheets and forward to the SAPMS administrator timely to place newly purchased equipment on a PM schedule. Tag equipment in accordance with the DPOMPM.

6. Inmate Work Supervisor’s Time Log

The CDCR 1697 is not always completed properly. The following deficiencies were noted in the Central Kitchen:

- There is no documentation for the use of “S” time.
- CDCR 1697s are not signed by supervisors.
- Some timekeeper signatures are missing.
- Transfer in dates and daily movement sheet numbers are missing.
- Entries are not made as events occur (i.e., time in).
- Some documentation was incomplete (i.e., whether minimum was met).

These conditions result in errors calculating inmate pay as well as difficulty accounting for an inmate’s whereabouts in the event of an emergency.

IWTIP Handbook, dated February 2005, page 12, states in part: "It is imperative that the CDC 1697 be filled out every day at the start and end of each shift with the actual times that the inmate started and stopped work; page 12, 2A. All entries on the CDC 1697 must be made daily as they occur; pages 13 and 19. TIME IN: Enter the time (military time) that the inmate reports for work; pages 14 and 26. TIMEKEEPER'S SIGNATURE: Legibly sign your name here; 25. MINIMUM MET: Enter the letter "X" ("Y") for each day the inmate meets the minimum work hours required for the job assignment...."

Recommendation

Document inmate time worked as events occur. Ensure that all areas of the CDC 1697 are complete.

VI. TRAINING

A. PERSONNEL

1. Personnel Specialists Training

There are three new Personnel Specialists who have not attended the basic courses designed by the SCO for the new personnel specialist. The courses are:

- Fundamentals Of Payroll
- Fundamentals of Personnel

The lack of these courses may hinder the employee's opportunity to acquire the skills and knowledge necessary to do their job appropriately and effectively. In addition, the lack of training may cause errors and hardship on employees.

SCO, Statewide Training, Statewide Training Programs and Prerequisites, Fundamentals of Payroll, Prerequisites, state: "Must have a minimum of five months of personnel/payroll experience and have certified at least Master Payrolls for negative attendance employees that included exceptions to the payroll." Fundamentals of Personnel and Prerequisites state: "Must have one month of personnel/payroll experience."

Recommendation

Review the current SCO training schedule and enroll the personnel staff.

B. Plant Operations

1. SAPMS Analyst and Stationary Engineers

The SAPMS analyst may not be adequately trained. Also, there is no trained backup. Additionally, the Audits Branch could not determine if Stationary Engineers have been certified and trained by the EPA. DOM, Section 41030.4.

This issue could result in difficulty maintaining the SAPMS database and complying with EPA requirements.

DOM, Section 32010.1, states in part: “The Department shall establish and maintain a program of employee training in which all employees shall participate” DOM, Section 32010.5, states in part: “. . . job required training is designed to assured adequate performance in a current assignment.”

This issue could result in difficulty performing tasks related to a specific classification in accordance with current policies, practices, and procedures.

Recommendation

Provide documented training.

2. Job Related Training

Job required and job related training is not attended on an annual basis in accordance with the DOM. For example, 50 percent of rank and file and 100 percent of supervisors have not attended tool and key control within the last year per IST documentation. Additionally, 35 percent of supervisors have not attended BBP/universal precautions, 75 percent of supervisors have not attended hazard material handling, 35 percent of supervisors have not attended IWTIP and 45 percent of rank and file have not attended IIPP.

This issue could result in difficulties performing tasks related to a specific classification in accordance with current policies, practices, and procedures.

DOM, Section 32010.1, states in part: “The Department shall establish and maintain a program of employee training in which all employees shall participate” DOM, Section 32010.5, states in part: “. . . job required training is designed to assured adequate performance in a current assignment.”

Recommendation

Provide documented training.

3. Hazardous Waste Generator Training

Hazardous waste generator training for Plant Operations, PIA, and procurement staff (i.e. garage) has not been conducted in accordance with the CCR, Title 22.

This issue could result in difficulty performing tasks related to your classification in accordance with current policies, practices, and procedures.

CCR, Title 8, Section 66265.16, Personnel Training, states in part: "Generators that produces less than 1,000 kg/month of hazardous waste must ensure that all employees are thoroughly familiar with proper waste handling"

Recommendation

The hazardous material specialist should identify all sites where hazardous waste has been picked up, and identify staff responsible for the storing and labeling of such hazardous waste. Provide the information to IST so training can be required.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

DEUEL VOCATIONAL INSTITUTION

GLOSSARY

| | |
|------------------|---|
| AIM | Accounting Instructional Memorandum |
| AR | Accounts Receivable |
| BBP | Blood Borne Pathogens |
| CAP | Corrective Action Plan |
| CCR | California Code of Regulations |
| CDC 998-A | Employee Attendance Record |
| CDC 1697 | Inmate Work Supervisor's Time Log |
| CDCR | California Department of Corrections and Rehabilitation |
| CF | Correctional Facility |
| CPC | California Plumbing Code |
| DCHCS | Division of Correctional Health Care Services |
| DOM | Department Operations Manual |
| DPA | Department of Personnel Administration |
| DPOMPM | Departmental Plant Operations Maintenance Procedures Manual |
| DTM | Delegated Testing Manual |
| DTPM | Departmental Testing Procedures Memorandum |
| DVI | Deuel Vocational Institution |
| ECC | Exposure Control Committee |
| ECF | Exposure Control Facilitator |
| ECP | Exposure Control Plan |
| EPA | Environmental Protection Agency |
| FLSA | Fair Labor Standards Act |
| H&SC | Health and Safety Code |
| HCM | Health Care Manager |
| IDP | Individual Development Plans |
| IIPP | Injury and Illness Prevention Plan |
| ISC | Institution Safety Committee |
| IST | In-Service Training |
| IWTIP | Inmate Work Training Incentive Program |
| M&SS | Material and Storage Supervisor |
| OAC | Office of Audits and Compliance |
| OP | Operational Procedure |
| PHS | Public Health Services |
| PIA | Prison Industry Authority |
| PM | Preventive Maintenance |
| POM | Plant Operations Maintenance Report |
| POPM | Plant Operations Procedures Manual |
| PPE | Personal Protective Equipment |
| PPM | Payroll Procedures Manual |
| PTM | Personnel Transactions Manual |
| RAO | Regional Accounting Office |

| | |
|----------------------|--|
| RC | Reception Center |
| SAM | State Administrative Manual |
| SAPMS | Standard Automated Preventive Maintenance System |
| SCO | State Controller's Office |
| Std. Form 607 | Change in Established Position |

| SAMPLE FORMAT CORRECTIVE ACTION PLAN | | | | |
|--------------------------------------|---|--|---|----------------------|
| Item # | Audit Finding | Responsible Personnel | Proposed Action | Date to be Completed |
| A.1 | WRITTEN NOTICE Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense. | Facility Captain Do Not use individuals names and do Not use Acronyms.) | A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed. B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense | 2/2/2006 |

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Compliance Review
Deuel Vocational Institution
May 12-16, 2008

INFORMATION SECURITY OFFICER
Allen J. Pugnier

AUDITORS
Kim Roberts and Prince Donaldson

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

The Office of Audits and Compliance's Information Security Branch (ISB) conducted an Information Security Compliance Review of the Deuel Vocational Institution during the period of May 12 through May 16, 2008. The review covered 18 different areas. Deuel Vocational Institution was fully compliant in 3 areas, partially compliant in 2 areas, and noncompliant in 13 areas. The overall score is 47 percent. The chart below details these outcomes. Other observations are also noted.

FINDINGS SUMMARY:

| | | Score | Compliant | Partial Compliance | Noncompliant |
|------------------------------------|--|-------|-----------|--------------------|--------------|
| STAFF COMPUTING ENVIRONMENT | | | | | |
| 1. | Use Agreement (Form 1857) is on file. | 67% | | | NC |
| 2. | Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file. | 57% | | | NC |
| 3. | Information security training is current. | 45% | | | NC |
| 4. | Staff log on using own password. | 100% | C | | |
| 5. | Network access authorization is on file. | 88% | | P | |
| 6. | Physical location of CPUs agrees to inventory records. | 49% | | | NC |
| 7. | Staff CPUs labeled "No Inmate Access." | 48% | | | NC |
| 8. | Staff monitors are not visible to inmates. | 54% | | | NC |
| 9. | Anti virus updates are current. | 29% | | | NC |
| 10. | Security patches are current. | 27% | | | NC |

| | | | | | |
|--|--|------|---|---|----|
| INMATE COMPUTING ENVIRONMENT (Education, Library, and Clerks) | | | | | |
| 11. | Physical location of CPUs agrees with inventory records. | 0% | | | NC |
| 12. | CPU labeled as inmate computer. | 100% | C | | |
| 13. | Anti virus updates are current. | 0% | | | NC |
| 14. | Inmate monitors are visible to supervisor. | 80% | | P | |
| 15. | Portable media is controlled. | 0% | | | NC |
| 16. | Telecommunications access is restricted. | 100% | C | | |
| 17. | Operating system access is restricted. | 0% | | | NC |
| 18. | Printer access is restricted. | 0% | | | NC |

| | | | |
|----------------|---|---|----|
| Total of Tests | 3 | 2 | 13 |
|----------------|---|---|----|

Overall Percentage 47%^[1]

^[1] Scores for computer related tests reflect the results of testing on the locatable sample computers. The confidence level of these scores is low because we were able to locate less than half of the sample computers. There are still 25 computers missing. There was no inventory for stand-alone staff, and inmate computers.

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of the Information Security Compliance Review were to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The ISB did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performed the following procedures:

- Interviewed senior management, information technology staff, institutional staff, and computer users.
- Asked staff to provide evidence that all authorized computer users had Acceptable Use Agreement forms and appropriate training support documentation on file.
- Tested selected information security attributes of users and Information Technology (IT) equipment using three different population samples. This included both the staff and inmate computing environments.
- Reviewed various laws, policies and procedures, and other criteria related to information security in the custody environment.
- Conducted physical inspection of selected computers.
- Observed the activities of the information technology support staff.
- Analyzed the information gathered through the above processes and formulated conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains criteria and detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss further any of these issues.

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

- 1. The Computing Technology Use Agreement (CDC 1857) forms are not on file for all computer users. (67 percent compliance.)**

Recommendation: Require all staff users to complete CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use California Department of Corrections and Rehabilitation (CDCR) computers are required to complete a Non-CDC/BPT User Agreement Form, 1900 before being granted access. (Department Operations Manual (DOM), Sections 48010.8 and 48010.8.2.)

Best Practice: All needed forms can be found on the CDCR Intranet page for the Information Security Office.

- 2. Self-certification of annual information security awareness and confidentiality is not on file for all computer users. (57 percent compliance.)**

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM, Section 49020.10.1.)

- 3. Information Security training is not current for all computer users including both staff and contractors. (45 percent compliance.)**

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM, Sections 49020.14.1 and 41030.1.)

Best Practices: The information security awareness training material is located on the CDCR intranet on the Information Security Operation's web page.

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

4. Former employees have network access authorization. (88 percent compliance.)

Recommendation: Access to any CDCR computerized information is restricted to authorized persons. The sensitive nature of CDCR data requires strict controls over who is allowed access to it. (DOM, Section 49020.10.)

Best Practice: Revise current formal reporting procedure, so all staff employment and job duty changes are reported to the IT Coordinator.

5. Physical locations of Staff Computers do not agree with inventory records. (49 percent compliance.)

Recommendation #1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM, Sections 46030.1 and 49010.4.)

Recommendation #2: The 25 un-locatable staff computers must be found within the 30-day period allowed for developing the corrective action plan. The institution must certify in writing that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

| Property Tag Number | Location |
|---------------------|--------------------------|
| 22539 | |
| 21330 | DVI Programs Chaplin |
| 23275 | |
| 21915 | |
| 23201 | |
| 22478 | |
| 21341 | |
| 21899 | RC Mental Health - RM123 |
| 22057 | |
| 21794 | |
| 23257 | |
| 20612 | |
| 23264 | |
| 20534 | |
| 20618 | |
| 20814 | |
| 23108 | |
| 20748 | |
| 20752 | |
| 21115 | West Trailer 102 |
| 20787 | |
| 21345 | |
| 20668 | |
| 20744 | |
| 20817 | |

Information Security Compliance Review

Deuel Vocational Institution

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Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

6. Staff monitors and computers are not correctly labeled, "No Inmate Access." (48 percent compliance.)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized.
(Title 15, Section 3041.3(d) and DOM, Sections 49020.18.3 and 42020.6.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

7. Staff monitors are not visible to inmates. (54 percent compliance.)

Recommendation: Reposition staff monitors or use privacy screens to shield monitors from inmate view. (DOM, Sections 47040.3 and 49010.1.)

8. Staff computers did not have up-to-date antivirus software. (29 percent compliance.)

Recommendation: Update antivirus software on all staff computers at least monthly. (DOM, Section 48010.9.)

9. Staff computers did not have up-to-date security patches. (27 percent compliance.)

Recommendation: Update security patches on all staff computers.
(DOM, Section 48010.9.)

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

- 10. Physical locations of inmate education computers do not agree with inventory records because there was no inventory record of any inmate computers. (0 percent compliance.)**

Recommendation: Maintain accurate inventory records of all inmate computers. Evaluate procedures and resources used to maintain inventory records for inmate computers. (DOM, Sections 46030.1 and 49010.4.)

- 11. Inmate accessed computers did not have up-to-date antivirus software. (0 percent compliance)**

Recommendation: Update antivirus software on all inmate computers. (DOM, Section 48010.9.)

- 12. Inmate computer monitors were not visible to the supervisor. (80 percent compliance)**

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. Inmates using computers must be under "direct and constant supervision."
(DOM, Section 49020.18.3.)

Best Practice: Position all inmate monitors so that the supervisor can see the screen easily.

- 13. Portable media is not controlled. (0 percent compliance)**

Recommendation: Portable media must be tightly controlled and should not be allowed outside of controlled inmate work areas. (DOM, Section 49020.18.3.)

- 14. All inmate computers must have restricted access to the computer operating system and DOS commands. (0 percent compliance)**

Recommendation: Access to the operating system must be tightly controlled. Prohibit inmate access to the operating system. (DOM, Section 49020.18.3.)

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

- 15. All inmate accessible printers must have restricted access. (0 percent compliance)**

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed closely by staff, and appropriate distribution of such output shall be monitored. (DOM, Section 49020.18.3.)

Information Security Compliance Review

Deuel Vocational Institution

May 12-16, 2008

OTHER OBSERVATIONS:

Observation 1: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM, Section 48010.9.3.)

Observation 2: Several instances of unattended staff user sessions were observed.

Recommendation: All staff should be reminded of security policy requiring unattended machines to be secured with a password. (DOM, Section 49020.10.5.)

Best Practice: Staff should lock computer by using CTL+ALT+DEL and selecting "Lock Computer," or by pressing the Windows Key and L simultaneously.

Observation 3: There is no Information Security Coordinator (ISC) at the Institution.

Recommendation: Notify the ISC in writing of the assignment and maintain a historical record of all ISC appointees. (DOM, Section 49020.6.)

Observation 4: Inmate clerks are not under "direct and constant supervision" while accessing computers.

Recommendation: Inmates may access workstations for the purpose of completing specific tasks or assignments while under direct and constant supervision. (DOM, Section 49020.18.3.)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

EDUCATION
COMPLIANCE

DEUEL VOCATIONAL INSTITUTION
MAY 5 THROUGH MAY 16, 2008



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

EXECUTIVE SUMMARY
OFFICE OF AUDITS AND COMPLIANCE
EDUCATION COMPLIANCE BRANCH REVIEW

Deuel Vocational Institution

May 12-16, 2008

TEAM MEMBERS:

G. Lynn Hada, Principal, OAC
Beverly Penland, Vocational Vice-Principal, OAC
John Jackson, Academic Vice-Principal, OAC
Christine Long, Principal Librarian (RA), OCE
Mark Lechich, Academic Vice-Principal, OCE-WIA

152 Areas Reviewed

| CATEGORIES | PERCENTAGE OF COMPLIANCE | | | |
|--------------------------|--------------------------|---|-----|--------|
| | | | | |
| Education Administration | 42 | ÷ | 62 | = 68% |
| Academic Education | 38 | ÷ | 50 | = 76% |
| Vocational Education | N/A | | | |
| Library/Law Library | 19 | ÷ | 29 | = 66% |
| Federal Programs | 11 | ÷ | 11 | = 100% |
| Special Programs* | N/A | | | |
| Total: | 110 | ÷ | 152 | = 72% |

Your corrective action plan (CAP) must address each of the deficiencies listed below. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

I. EDUCATION ADMINISTRATION:

68% COMPLIANCE

Deficiency:

#6 *Are law library purchases funded by the institution's general budget?* **There is an ongoing attempt by the California Department of Corrections and Rehabilitation (CDCR) Administration to resolve the use of Program 25 versus Program 45 monies to operate Law Libraries. The ongoing discussions to resolve the funding issues are taking place between Adult Operations and Adult Programs headquarters staff.**

#12 *Are one hundred percent of the staff job descriptions and duty statements on file and applicable to current position?* **One teacher had an incorrect duty statement, it referred to a position that he had held five years ago.**

#13 *Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?* **The Operational Procedure refers to Chapter 5 of the Department Operations Manual rather than Chapter 10.**

#14 *Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?* **No Education Operational Procedure exists.**

#16 *Are all staff appropriately working and/or assigned within the education program?* **A Re-Entry Program Instructor is inappropriately assigned as a Bridging Program Relief Teacher. This Relief Teacher position must be filled by an academic 2290 High School Bridging Program Teacher.**

#18 *Is the Bridging Program (Reception Center/General Population/Arts In Corrections) fully staffed with supervisory, instructional and ancillary personnel?* **The Bridging Education Program has six vacancies, plus there are two positions that are filled by long-term sick staff members.**

#28 *Are all Alternative Education Delivery Model positions filled?* **There is no Distance Learning teacher and when the position is filled, the teacher must maintain a ratio of 120:1 enrollees with only less than 50% of the teacher's time spent on the college programs.**

#29 *Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?* **The Independent Study teacher does not have a duty statement.**

#31 *Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted?* **There is no Distance Learning program.**

#38 *Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed?* **Some probationary reviews and annual performance evaluations are overdue.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#39 Are supervisors documenting their contact with staff and inmates that are involved in the bridging program? There is no documentation of contact with inmate students by the supervisors.

#46 Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? There is no Distance Learning program.

#48 Does the Principal maintain a copy of the current inmate assignment waiting list? There is a new procedure to generate a waiting list, but a list has not yet been generated.

#49 Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs? Education staff does not attend Initial Classification Committee meetings.

#56 Is there a High School credit program and General Education Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Education Development Equivalency Certificates issued to qualified inmates? No credits are issued for any programs in the school. No High School Diplomas are issued.

#58 Do all of the quarterly CDCR Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? The school does not include a California Department of Corrections and Rehabilitation Form 154 card in the Education File.

#59 Are Education Files with a copy of the Record of Inmate Achievement (CDCR Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is the original copy of the Record of Inmate Achievement (CDCR Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the RC and transferred to the GP receiving institution? No California Department of Corrections and Rehabilitation Form 154 or any other form of a school transcript is prepared or kept.

#61 Are literacy programs available to at least sixty percent of the eligible prison population? Per the March and April Education Monthly Reports the literacy programs available to the eligible prison population is zero percent.

#62 Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal? No site literacy committee exists.

#63 Does the Site Literacy Committee discuss the Bridging Program as part of its quarterly meetings? No site literacy committee exists.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#64 Is the institution utilizing at least two alternate resources to implement literacy services for inmates? **No literacy services are provided by the school for inmates.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
LIBRARY/LAW LIBRARY SECTION

II. ACADEMIC EDUCATION:

76% COMPLIANCE

Deficiency:

#19 *Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?* **The testing coordinator has a very good inventory system that just needs a little adjustment. Answer sheets must be inventoried and an accounting of all test materials must be maintained. It is suggested a summary sheet of all testing materials, their count and location including books that have been disposed of by shredding be adopted.**

#20 *Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?* **Not all the current memorandums were in the binder. The Test of Adult Basic Education Coordinator was not aware of the current memorandums. He was given copies of the missing memorandums.**

#29 *Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?* **There is no Distance Learning Teacher; however, the Television Specialist has a schedule for a variety of programs and courses which are posted on television and via a posted schedule.**

#30 *Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing the Transforming Lives Network and airing educational programs such as the Kentucky Educational TV General Education Development series on a weekly basis?* **There is no Distance Learning Teacher. The Television specialist has a variety of programs that is broadcast along with a schedule of up and coming programming.**

#34 *Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?* **The Distance Learning teacher has been reassigned to Bridging and there is currently no one assigned to provide Distance Learning.**

#35 *Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?* **There is no course outline or formal lesson plans. A variety of classes are offered that agree with the approved curriculum, they include math, math for General Education Development, writing and language along with the Transforming Lives Network programming.**

#46 *Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)questionnaires shredded daily in accordance with confidential document procedure?* **Questionnaires are not shredded on a daily basis. They are picked up by another teacher and transported to an available shredder. The questionnaires are kept in a locked drawer until they can be shredded.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
LIBRARY/LAW LIBRARY SECTION

#49 Are personal alarms issued to teachers, and do they wear alarms? **The Test of Adult Basic Education coordinator does not carry an alarm. Those within the education area did not have alarms but had their whistles. When they go to a unit they request an alarm for the area.**

#52 Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation? **The CDCR curriculum is not taught in a classroom setting. The Pre-Release Program consists primarily of Pre-Release packets.**

#54 Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained? **The Pre-Release curriculum recording system is not in use. The Pre-Release program consists primarily of Pre-Release packets and requests for specific information.**

#56 Is the Pre-Release class a full-time program (4 days/8.5, 5 days 6.5 hours)? If no, is there an exemption on file? **The Pre-Release program consists primarily of a standard type of Pre-Release packet prepared and delivered individually for each inmate. The inmate can also request specific information of interest. The teacher delivers the package to the inmate and at that time provides additional assistance as requested. All inmate contacts and inmate material requested is recorded and tracked.**

#57 Are all of CDCR Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment? **The California Department of Corrections and Rehabilitation Form 128Es are not used to record education participation including course completions due to the fact that the Pre-Release program has no full quota student enrollment since inmates are not assigned. The Pre-Release program consists primarily of Pre-Release packets prepared and delivered individually for each inmate.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
LIBRARY/LAW LIBRARY SECTION

IV. LIBRARY/LAW LIBRARY:

66% COMPLIANCE

Deficiency:

#2 *Is the current Department Operation Manual, Section 53060 available in the main libraries and the satellite libraries? Is there a Department Operation Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operation Manual supplement reflect the current, actual local library program?* **The library maintains a 2007 copy of the Department Operations Manual. The Department Operations Manual supplement for the library is dated May 31, 2003. The library staff has been working on an updated revision as of March 2008 which is to be reviewed and signed by the Warden.**

#3 *Are library hours of operation posted where GP inmates can see them, and do GP inmates have access to the library during off work hours? Do GP inmates have regular access to non-legal library services?* **Library hours are posted on the door and hall windows of the library. The hours are also posted in the housing units. Inmate access to the library is limited due to a lack of custody staff to escort inmates. Due to the current feeding schedule, there is no movement to or from the library once feeding begins at approximately 1730 to 1930 hours.**

#5 *If there are Restricted Housing inmates in the institution, is there a Department Operation Manual supplement relating to their use of the library? Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?* **The Department Operations Manual supplement is not current to institution mission and procedures. There is a system in place for inmates in Restricted Housing units to request physical access to the library. There is currently a waiting list of 230 inmates who have requested legal access. Some inmates must wait 30 days or longer before they can access the library. Inmates with priority deadlines have Preferred Legal User status.**

#6 *Do Restricted Housing inmates receive general library services?* **There are currently no library services for the Reception Center inmates.**

#8 *Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?* **The library has submitted orders to spend Inmate Welfare Funds money for titles to increase the multi-ethnic collection and have been told by staff at Inmate Welfare Funds that the library can not order those materials, books must be geared to English speakers only.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
LIBRARY/LAW LIBRARY SECTION

#13 Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than 5 years? Does the library program have at least three directories relevant to the questions asked by the population served? **The following books were the latest available: World Book Encyclopedia 2002, Unabridged dictionary 1983 edition. The library staff is in the process of preparing and submitting orders for updated materials. The latest directories available were the following: Four Year Colleges 2006, Occupational Outlook Handbook 2006/2007, and Small Business Source Book 1989.**

#14 Does each library in the institution have a current world almanac, an atlas that is no more than three (3) years old, an English language dictionary that is no more than five (5) years old, and a Spanish and English dictionary that is no more than ten (10) years old? **The newest books on the shelves are the following: World almanac 2007, World Book Atlas 1994, Atlas of America 1998, Avanzado Spanish dictionary 2002.**

#16 Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials? **There are no current textbooks (i.e. Saxxon Math ofr Brown Foreman Reading texts) The institution does not have a vocational program. Classes are Bridging Education Programs, no current literacy materials. The library maintains DVDs and players for the Coastline Community College program. The library does have a good collection of multi-ethnic titles, and high/low titles.**

#22 Are the Gilmore v. Lynch mandated law books up to date? Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operation Manual? Are all the Law Library Electronic Delivery System computers up-to-date and operating in each library? **Sheppards updates were received last week. The last Law Library Electronic Data System disc received was April 2007.**

#24 Is a procedure for accessing the Circulating Law Library in place? **The library is supposed to get on-line access in August 2008.**

V. FEDERAL PROGRAMS: 100% COMPLIANCE

DVI's WIA equipment inventory list is not current. Please submit a current WIA inventory list to the Federal Grant Program office by July 31, 2008.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

| | | |
|------------------------------|------------|-------------------|
| IV. SPECIAL PROGRAMS: | N/A | COMPLIANCE |
|------------------------------|------------|-------------------|

OVERALL COMPLIANCE RATING: 72%.

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

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| _____ G. Lynn Hada, Principal | May 16, 2008 |
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| _____ Raul Romero, Associate Superintendent | May 16, 2008 |
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* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

EDUCATIONAL COMPLIANCE BRANCH



COMPLIANCE REVIEW FINDINGS

Deuel Vocational Institution

May 12 through May 16, 2008

ADMINISTRATION

G. Lynn Hada

ACADEMIC EDUCATION

John Jackson

Beverly Penland

LIBRARY

Christine Long

FEDERAL SUPPLEMENTARY PROGRAMS

Mark Lechich, WIA

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

| No. | INSTITUTION: DVI DATE: May 12-16, 2008 COMPLIANCE TEAM: G. Lynn Hada | Yes/No or NA | COMMENTS |
|-----|---|-----------------|--|
| 1. | Allotments/Operating Expenses: | Yes | |
| | <ul style="list-style-type: none"> Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? | | |
| 2. | Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end? | Yes | |
| 3. | Are funds allocated by Office of Correctional Education available and spent within program areas? | Yes | |
| 4. | Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education? | Yes | |
| 5. | Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates? | Yes | |
| 6. | Are law library purchases funded by the institution's general budget? | No | There is an ongoing attempt by CDCR Administration to resolve the use of Program 25 vs. Program 45 monies to operate Law Libraries. The ongoing discussions to resolve this funding issue are taking place between Adult Operations and Adult Programs headquarters staff. |
| 7. | Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies? | Yes | |
| 8. | Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis? | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

| | | | |
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| 9. | Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist? | Yes | |
| 10. | Credentials: Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned? | Yes | |
| 11. | Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification? | Yes | |
| 12. | Duty Statements: Are 100% of the staff duty statements on file and applicable to current position? | No | One teacher had an incorrect duty statement; it referred to a position that he had held five years ago. |
| 13. | Operational Procedures: Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program? | No | The Operational Procedure refers to Chapter 5 of the Department Operations Manual rather than Chapter 10. |
| 14. | <ul style="list-style-type: none"> Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? | No | No Education Operational Procedure exists. |
| 15. | Staff Assignments: Does the Principal maintain a current and complete list of all authorized positions and their status? | Yes | |
| 16. | Are all staff appropriately working and/or assigned within the education program? | No | A Re-Entry Program Instructor is inappropriately assigned as a Bridging Program Relief Teacher. This Relief Teacher position must be filled by an academic 2290 High School Bridging Program Teacher. |
| 17. | Do all staff within the education program report to, and are under the Principal's supervision? | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 18. | Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel? | No | The Bridging Education Program has six vacancies plus there are two positions that are filled by long-term sick staff members. |
| 19. | Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)? | Yes | |
| 20. | When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education? | Yes | |
| 21. | Has the Artist Facilitator been officially assigned to the Education Department? | Yes | |
| 22. | Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution? | Yes | |
| 23. | Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support? | Yes | The plant operations electronic technician. |
| 24. | When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented? | N/A | This is a Reception Center, there are no modified programs beyond normal day-to-day operations. |
| 25. | Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement? | Yes | But her supervisory personnel file has the wrong Duty Statement for her position. |
| 26. | <div>Alternative Education Delivery Model (AEDM):</div> <div>Is an approved Alternative Education Delivery Model Operational Procedure in place?</div> | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 27. | Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005? | Yes | |
| 28. | Are all Alternative Education Delivery Model positions filled? | No | There is no Distance Learning teacher and when the position is filled, the teacher must maintain a ratio of 120:1 enrollees with only less than 50% of the teacher's time spent on the college programs. |
| 29. | Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures? | No | The Independent Study teacher does not have a duty statement. |
| 30. | Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines? | Yes | |
| 31. | <ul style="list-style-type: none"> Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? | No | There is no Distance Learning program. |
| 32. | <div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration? | N/A | |
| 33. | Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines? | N/A | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 34. | Certificates of Completion or Achievement: <ul style="list-style-type: none"> Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? | N/A | Because this is a Reception Center, students leave before completing programs. |
| 35. | Executive/Supervisory Assignments: Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more) | Yes | |
| 36. | Is the Principal a member of the Warden's Executive Staff? | Yes | |
| 37. | Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis? | N/A | |
| 38. | <ul style="list-style-type: none"> Does the Academic Vice Principal/Vocational Vice Principal provide documented In-Service-Training and On-the-Job-Training? Are all probationary and annual performance evaluations currently due completed? | No | Some probationary reviews and annual performance evaluations are overdue. |
| 39. | Are supervisors documenting contact with staff and inmates involved in the bridging program? | No | There is no documentation of contact with inmate students by the supervisors. |
| 40. | Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10? | Yes | |
| 41. | Test of Adult Basic Education: <ul style="list-style-type: none"> Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)? Is the principal implementing remedial changes to improve the scores? | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 42. | Is there a 4.0 reading level report generated and distributed to appropriate staff? | Yes | |
| 43. | Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff? | Yes | |
| 44. | <div style="border: 1px solid black; padding: 2px;">Accreditation:</div> <p>Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?</p> | Yes | |
| 45. | <ul style="list-style-type: none"> Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner. Is there a leadership team in place and do minutes substantiate regular meetings? | Yes | |
| 46. | <div style="border: 1px solid black; padding: 2px;">Inmate Enrollment/Attendance:</div> <p>Do Academic, Vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?</p> | No | There is no Distance Learning program. |
| 47. | Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program? | Yes | |
| 48. | Does the Principal maintain a copy of the current inmate assignment waiting list? | No | There is a new procedure to generate a waiting list but a list has not yet been generated. |
| 49. | Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs? | No | Education staff do not attend Initial Classification Committee meetings. |
| 50. | <div style="border: 1px solid black; padding: 2px;">Bridging Program:</div> <p>Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?</p> | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 51. | Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit? | Yes | |
| 52. | <div>Transforming Lives Network (TLN):</div> Has the Transforming Lives Network satellite dish been installed and operational? | Yes | |
| 53. | Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator? | Yes | |
| 54. | Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education? | Yes | |
| 55. | Has Transforming Lives Network enrollment and completion data been tracked? | Yes | |
| 56. | <div>GED Testing/High School Credit:</div> <ul style="list-style-type: none"> Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates? | No | No credits are issued for any programs in the school. No High School Diplomas are issued. |
| 57. | <div>Inmate Education Advisory Committee:</div> Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings? | N/A | This institution is a Reception Center and, as such, cannot have an Inmate Education Advisory Committee. |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 58. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Education Files</div> <ul style="list-style-type: none"> Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? | No | The school does not include a California Department of Corrections and Rehabilitation Form 154 card in the Education File. |
| 59. | <ul style="list-style-type: none"> Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution? | No | No California Department of Corrections and Rehabilitation Form 154 or any other form of a school transcript is prepared or kept. |
| 60. | If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training? | N/A | |
| 61. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Literacy:</div> Are literacy programs available to at least 60% of the eligible prison population? | No | Per the March and April Education Monthly Reports the literacy programs available to the eligible prison population is zero percent. |
| 62. | Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal? | No | No site literacy committee exists. |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 63. | Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings? | No | No site literacy committee exists. |
| 64. | Is the institution utilizing at least two alternate resources to implement literacy services for inmates? | No | No literacy services are provided by the school for inmates. |
| 65. | Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab) | N/A | |
| 66. | <div> Developmental Disability Program and Disability Placement Program: </div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p> | N/A | |
| 67. | <div> ESTELLE/Behavior Modification Programs: </div> <p>Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p> | N/A | |
| 68. | Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record to record student progress through achievement/progress, data collection, instructional methods, and curriculum? | N/A | |
| 69. | <div> Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment: </div> <p>Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)?</p> | Yes | |
| 70. | Are all Recidivism and Reduction Strategy (RRS) Assessment positions filled (part of Correctional Offender Management Profiling for Alternative Sanctions)? | Yes | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 71. | Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program? | Yes | |
| 72. | Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) log-on code? Is the security of the code maintained? | Yes | |
| 73. | Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program? | Yes | The laptops are locked in a room and have never had the software loaded. Therefore they are secure by not being used. |
| 74. | <div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies:</div> <ul style="list-style-type: none"> Is there an Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategies equipment maintained and current? | Yes | |
| 75. | <div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> <p>Are all Enhanced Outpatient Program staff hired and in place?</p> | N/A | |
| 76. | Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy? | N/A | |
| 77. | Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement? | N/A | |

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

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| 78. | Multi-Agency Re-entry Program (SB 618): | N/A | |
| | Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team? | | |
| 79. | Are the four vocational programs referenced in Senate Bill 618 in place at the institution? | N/A | |
| 80. | Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program? | N/A | |
| 81. | Vocational-Recidivism Reduction Strategies | N/A | |
| | Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating? | | |
| 82. | Are all Recidivism Reduction Strategies vocational classes at full enrollment? | N/A | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

| NO. | INSTITUTION: DVI DATE: May 12-16, 2008 COMPLIANCE TEAM: Raul Romero, John Jackson, Beverly Penland | Yes/No or N/A | COMMENTS |
|-----|--|------------------|--|
| 1. | Student Job Descriptions: Are all of the inmate students' job descriptions accurate, complete, signed, and available? | N/A | |
| 2. | Student Records/Achievements: Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements? | N/A | |
| 3. | Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure? | N/A | |
| 4. | Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current? | N/A | |
| 5. | Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes? | Yes | |
| 6. | Are Certificates of Completion or Achievement being issued to those students earning them? | Yes | Students enrolled in Transforming Lives Network, the General Education Development program and post secondary programs receive certificates. |
| 7. | Instructional Expectations: Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum? | N/A | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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|-----|---|-----|---|
| 8 | Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? | N/A | |
| 9. | Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum? | N/A | |
| 10. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Bridging Education Program Instructional Expectations:</div> Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher has a copy of the curriculum? | Yes | The teachers were using the California Department of Corrections and Rehabilitation approved Bridging Education Program curriculum. |
| 11. | Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills? | Yes | All of the files had Test of Adult Basic Education scores; and approximately sixty percent of the files had California Adult Student Assessment System scores. They have a good system in place for California Adult Student Assessment System testing. |
| 12. | Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) that is up to date and accurate? | Yes | The Permanent Class Record (California Department of Corrections and Rehabilitation Form 151) cards were current and up to date. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 13. | Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts? | Yes | <p>All of the teachers had written daily-weekly schedules. However, the new wing schedule seems to adversely affect the inmate contact time each Bridging Education Program (BEP) teacher spends on the tiers. Inmate contact time is a key evaluative component of the bridging program. The objective is to have the BEP instructor spend as much time as possible on the tiers with the inmates. The positive is that each teacher stays with his/her assigned inmate during his stay at Deuel Vocational Institution (DVI.) However, due to the constant movement of inmates from one wing or dorm to another wing or dorm, DVI instituted the only known process in the California Department of Corrections and Rehabilitation that requires the BEP Teacher to track the inmate as he is moved from one of the 13 living units to another. This results in what appears to be an inefficient new approach to the delivery of education services. The result is that each teacher might have to visit every wing or dorm at to service his/her clients. It is recommended that the Office of Correctional Education review this new approach to ensure it is in accordance with the California Correctional Peace Officers Association and Service Employees International Union Local 1000 Bridging Education Program Agreements including the "intent" of the agreements.</p> |
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COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 14. | Test of Adult Basic Education Testing Coordinator: | N/A | A Reception Center does not have school subtest reports or gains from traditional classrooms. |
| | Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors? | | |
| 15. | Does the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account? | Yes | |
| 16. | Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)? | Yes | |
| 17. | Are Test of Adult Basic Education testing protocols signed by current staff? | Yes | |
| 18. | Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)? | Yes | |
| 19. | Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator? | No | The testing coordinator has a very good inventory system that just needs a little adjustment. Answer sheets must be inventoried and an accounting of all test materials must be maintained. It is suggested a summary sheet of all testing materials, their count and location including books that have been disposed of by shredding be adopted. |
| 20. | Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions? | No | Not all the current memorandums were in the binder. The TABE Coordinator was not aware of the current memorandums. He was given copies of the missing memorandums. |
| 21. | Is the Test of Adult Basic Education locator test being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? | Yes | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 22. | Teacher-Test of Adult Basic Education Testing | N/A | |
| | Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? | | |
| 23. | Are the Test of Adult Basic Education tests administered according to the testing matrix? | N/A | |
| 24. | Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? | N/A | |
| 25. | Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates? | N/A | |
| 26. | Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes? | N/A | |
| 27. | Are current Test of Adult Basic Education subtests placed in student's file? | N/A | |
| 28. | Alternative Education Delivery Models: | Yes | |
| | Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? | | |
| 29. | Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments? | No | There is no Distance Learning Teacher; however, the Television Specialist has a schedule for a variety of programs and courses which are posted on television and via a posted schedule. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 30. | Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis? | No | There is no Distance Learning Teacher. The Television specialist has a variety of programs that is broadcast along with a schedule of up and coming programming. |
| 31. | Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? | Yes | The Independent Study class has a variety of certificates that are available and are being issued. |
| 32. | Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? | N/A | |
| 33. | Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? | N/A | |
| 34. | Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? | No | The Distance Learning teacher has been reassigned to Bridging and there is currently no one assigned to provide Distance Learning |
| 35. | Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? | No | There is no course outline or formal lesson plans. A variety of classes are offered that agree with the approved curriculum, they include math, math for General Education Development, writing and language along with the Transforming Lives Network programming. |
| 36. | <ul style="list-style-type: none"> Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? | N/A | No regular or traditional classroom assignments. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 37. | <ul style="list-style-type: none"> Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? | Yes | |
| 38. | Are students' gains being recorded and tracked? | N/A | |
| 39. | <div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> <p>Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM)(Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?</p> | N/A | |
| 40. | Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum? | N/A | |
| 41. | <div style="border: 1px solid black; padding: 2px;">ESTELLE and Behavior Modification Unit programs:</div> <p>Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?</p> | N/A | |
| 42. | Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing? | N/A | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 43. | <ul style="list-style-type: none"> Do ESTELLE students have access to computers as required in the framework of the program for training? Does the teacher have Test of Adult Basic Education scores on all of the students in the program? | N/A | |
| 44. | <div style="border: 1px solid black; padding: 2px;">Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</div> <p>Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Operations Manual?</p> | Yes | |
| 45. | Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Tracking Form? | Yes | |
| 46. | Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) questionnaires shredded daily in accordance with confidential document procedure? | No | Questionnaires are not shredded on a daily basis. They are picked up by another teacher and transported to an available shredder. The questionnaires are kept in a locked drawer until they can be shredded. |
| 47. | Are assessment interviews conducted in a semi-private environment? | Yes | They are usually conducted at a table within the unit. |
| 48. | Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates? | Yes | They have other teacher who are able to assist and can also request assistance. |
| 49. | <div style="border: 1px solid black; padding: 2px;">Security and Order:</div> <p>Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?</p> | No | The Test of Adult Basic Education coordinator does not carry an alarm. Those within the education area did not have alarms but had their whistles. When they go to a unit they request an alarm for the area. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 50. | Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan? | Yes | |
| 51. | <div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Pre-Release</div> <p>Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?</p> | Yes | It is all available and requested information is delivered in packet format. Also information is delivered with occasional speakers and via television. |
| 52. | Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation? | No | The California Department of Corrections and Rehabilitation curriculum is not taught in a classroom setting. The Pre-Release Program consists primarily of Pre-Release packets |
| 53. | Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support? | Yes | Parole services are provided and periodic speaker are brought in to address various issues. |
| 54. | Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained? | No | The Pre-Release curriculum recording system is not in use. The Pre-Release program consists primarily of Pre-Release packets and requests for specific information. |
| 55. | Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs? | Yes | The Pre-Release teacher provides assistance in reading and understanding the material requested by the inmates. Some information is also provided via television and occasionally through guest speakers. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 56. | Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file? | No | The Pre-Release program consists primarily of a standard type of Pre-Release packet prepared and delivered individually for each inmate. The inmate can also request specific information of interest. The teacher delivers the package to the inmate and at that time provides additional assistance as requested. All inmate contacts and inmate material requested is recorded and tracked. |
| 57. | Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment? | No | The California Department of Corrections and Rehabilitation Form 128Es are not used to record education participation including course completions due to the fact that the Pre-Release program has no full-quota student enrollment since inmates are not assigned. The Pre-Release program consists primarily of Pre-Release packets prepared and delivered individually for each inmate. |
| 58. | Does the Pre-release Teacher use the Framework for Breaking Barriers? | Yes | |
| 59. | Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports? | Yes | The teacher has a good system of recording what information is given and the contact that was made. |
| 60. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies Enhanced Outpatient Program Program:</div> Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings? | N/A | |
| 61. | Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services? | N/A | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 62. | Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines? | N/A | |
| 63. | Is there documentation of the education services provided to Enhanced Outpatient Program inmates? | N/A | |
| 64. | Transforming Lives Network Program: Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.? | Yes | Transforming Lives Network educational programs are available on the institutional television channel. |
| 65. | Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? | Yes | |
| 66. | Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty? | Yes | There is a five day schedule that is shown weekly on the institutional television channel that includes General Education Development and writing videos. |
| 67. | Are school faculty members given the opportunity to provide input into the broadcast schedule? | Yes | The faculty members were given the opportunity to provide input. |
| 68. | Recreation/Physical Education (P.E.): Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program? | Yes | The Recreation teacher has the best recreation program I have seen in the California Department of Corrections and Rehabilitation thus far. He is to be commended for his proactive planning that makes his program what it is. |
| 69. | Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies? | Yes | |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 70. | Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities? | Yes | All of the inmates have access to the recreation program. |
| 71. | Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present? | Yes | The approved California Department of Corrections and Rehabilitation frameworks curriculum is being used. |
| 72. | Are health education, physical fitness training and recreational activities being provided to the Special Needs populations? | Yes | The recreation teacher has scheduled activities in place to meet the needs of the whole inmate population. |
| 73. | Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies? | Yes | An inmate identity card is needed to check equipment in and to check equipment out; there is account ability. |
| 74. | Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program? | Yes | |
| 75. | Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept? | Yes | Recreation workers are assigned to the coach. |
| 76. | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies (Physical Education):</div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)? | Yes | The Recreation Teacher has purchased equipment for the fifty-five and over inmate population to use. |

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

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| 77. | Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population? | Yes | The Recidivism Reduction Strategies funds were expended. |
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COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

| NO. | INSTITUTION: DVI DATE: May 22, 2008 COMPLIANCE TEAM: | Yes/No or N/A | COMMENTS |
|-----|---|------------------|---|
| 1. | Library Staffing: <ul style="list-style-type: none"> Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? Does the Senior Librarian implement/plan the library program? | Yes | The Principal supervises the library staff. The Senior Librarian implements the library program. |
| 2. | Department Operations Manual and Department Operations Manual Supplement: <ul style="list-style-type: none"> Is the current Department Operations Manual, Section 53060 available in the main libraries and satellite libraries? Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program? | No | The library maintains a 2007 copy of the Department Operations Manual. The Department Operations Manual supplement for the library is dated May 31, 2003. The library staff has been working on an updated revision as of March 2008 which is to be reviewed and signed by the Warden. |
| 3. | General Population (GP) Access Hours: <ul style="list-style-type: none"> Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours? Do General Population inmates have regular access to non-legal library services? | No | Library hours are posted on the door and hall windows of the library. The hours are also posted in the housing units. Inmates access to the library is limited due to a lack of custody staff to escort inmates and due to the current feeding schedule, there is no movement to or from the library once feeding begins at approximately. 1730-1930 hours. |
| 4. | General Population Law Library Documentation: <ul style="list-style-type: none"> Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use. Is there a list showing inmates who request legal access, and those who received access? | Yes | |

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

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| 5. | Restricted Housing Status Inmate Access: <ul style="list-style-type: none"> • If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library? • Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request? | No | Department Operations Manual supplement is not current to institution mission and procedures. There is a system in place for inmates in Restricted Housing units to request physical access to the library. There is currently a waiting list of 230 inmates who have requested legal access. Some inmates must wait 30 days or longer before they can access the library. Inmates with priority deadlines have Preferred Legal User status |
| 6. | Restricted Housing Status Non-Legal Library Services: <p>Do Restricted Housing inmates receive general library services?</p> | No | There are currently no library services for the Reception Center inmates. |
| 7. | Library Expenditures: <ul style="list-style-type: none"> • Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees? • If other items are purchased, are they for library use? | Yes | Library staff has been experiencing difficulty in getting orders processed. There has been a great deal of action to impede the purchase of library materials. The library has received differing stories as to their actual allotments and ability to spend. |
| 8. | Inmate Welfare Funds (IWF) Expenditure: <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p> | No | The library has submitted orders to spend Inmate Welfare Funds money for titles to increase the multi-ethnic collection and have been told by staff at Inmate Welfare Funds that the library can not order those materials, books must be geared to English speakers only. |

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

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| 9. | <div style="border: 1px solid black; padding: 2px;">Law Library Expenditure:</div> <ul style="list-style-type: none"> Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room? Are the Stock Received Reports completed and submitted to the Regional Accounting Office? | Yes | |
| 10. | <ul style="list-style-type: none"> Are all received mandated law books and discs made available to inmates in a timely manner? Are the discs timely loaded on the Law Library Electronic Data System computer? Are the law books shelved promptly? | Yes | The librarian has been loading the disc. When received they are shelved promptly. No new disc has been received since July 2007. |
| 11. | <ul style="list-style-type: none"> Are law library discs checked in by the Associate Information Specialist Analyst? If not, who checks them? | Yes | |
| 12. | Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be? | Yes | |
| 13. | <div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part I:</div> <ul style="list-style-type: none"> Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years.) Does the library program have at least three directories relevant to the questions asked by the population served? | No | The following books were the latest available: World Book Encyclopedia 2002, Unabridged dictionary 1983 edition. The library staff is in the process of preparing and submitting orders for updated materials. The latest directories available were the following: Four Year Colleges 2006, Occupational Outlook Handbook 2006/2007, Small Business Source Book 1989. |
| 14. | <div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part II:</div> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p> | No | The newest books on the shelves are the following: World almanac 2007, World Book Atlas 1994, Atlas of America 1998, Avanzado Spanish dictionary 2002. |

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

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| 15. | Library Book Stock - Quality, Part III: <ul style="list-style-type: none"> Does each library regularly inspect the physical condition of their books? Does the library program have a book repair procedure? | Yes | |
| 16. | Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity: <p>Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?</p> | No | There are no current textbooks (i.e. Saxxon Math or Brown Foreman Reading texts) The institution does not have a vocational program. Classes are Bridging Education Programs, no current literacy materials. The library maintains DVDs and players for the Coastline Community College program. The library does have a good collection of multi-ethnic titles, and high/low titles. |
| 17. | Library Book Stock - User Orientation: <ul style="list-style-type: none"> Are book collections designed to meet the needs and interests of the inmate population served? Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? | Yes | There is a Men's Advisory Council Library Representative. There is no Inmate Education Advisory Council library representative. |
| 18. | Library Book Stock - Quantity: (Department Operations Manual Book Aug) <ul style="list-style-type: none"> Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding? | Yes | |
| 19. | Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked? | Yes | The year one books were processed and shelved. |

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

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| 20. | Book Access: <ul style="list-style-type: none"> Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? | Yes | The library maintains a Winnego Automated Circulation System with a patron access computer containing the library catalog. There is no interlibrary loan service. Subscription has been cut due to a lack of funds. |
| 21. | Circulation: <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p> | Yes | The current system needs to be updated. The computers are very old. Library staff awaiting for either new or computers that have been refurbished |
| 22. | Mandated Law Library/California Code of Regulations, Department Operations Manual <ul style="list-style-type: none"> Are the Gilmore v. Lynch mandated law books up to date? Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual? Are all the Law Library Electronic Data System computers up-to-date and operating in each library? | No | Sheppards updates were received last week. The last Law Library Electronic Data System disc received was April 2007. |
| 23. | Law Library - American Disability Act (ADA): <p>Are American Disability Act mandatory postings present in the library?</p> | Yes | The America Disability Act postings are on the bulletin boards in the library. |
| 24. | Circulating Law Library: <p>Is a procedure for accessing the Circulating Law Library in place?</p> | No | The library is supposed to get on-line access in August 2008. |
| 25. | Court Deadlines: <p>Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?</p> | Yes | Inmates complete a request for access and provide verification of a legal deadline. These are placed into a binder and the information is input into a database. |

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

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| 26. | Law Library Forms and Supplies: Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures? | Yes | There is an index of the forms that the library maintains. |
| 27. | General Library Forms and Supplies: Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution? | Yes | |
| 28. | Inmate Clerk Training: <ul style="list-style-type: none"> Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? Do inmate clerks receive training on a regular basis in law library and general library processes? | Yes | There is no formalized training, but the library staff educates the clerks on library procedures. However, usually it is inmate clerks training other inmate clerks. |
| 29. | Security and Order: <ul style="list-style-type: none"> Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms? Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan? | Yes | |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

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| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
| Duty Statement/Job Description/Credentials – Literacy Learning Lab | | | |
| 1. | Do you have a current duty statement on file (within one year)? | N/A | Deuel Vocational Institution does not have a Phase I/II Learning Literacy Lab |
| 2. | Do you have a valid credential on file? | N/A | |
| Security/Order – Literacy Learning Lab | | | |
| 3. | Are personal alarms issued by the institution to teaching staff and worn? | N/A | |
| 4. | Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan? | N/A | |
| Supervisory/Support – Literacy Learning Lab | | | |
| 5. | Do you receive support from your supervisor and other educational staff? | N/A | |
| 6. | Does the Vice Principal visit/observe your class? Does the Principal visit/observe your class? Do you maintain a sign-in log? | N/A | |
| Inmate Enrollment – Literacy Learning Lab | | | |
| 7. | Do you maintain a minimum enrollment of 27 students? | N/A | |
| 8. | Do students receive direct/group instruction? | N/A | |
| 9. | Is the Literacy Learning Lab a "self contained" program? | N/A | |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

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| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
| Student Records/Testing Achievements – Literacy Learning Lab | | | |
| 10. | Do you verify non-General Education Development or non-High School graduation of the student? | N/A | |
| 11. | Do you start a student record file upon the student entering the Literacy Learning Lab program? | N/A | |
| 12. | Does each student have a current Test of Adult Basic Education score? <i>If not, do you refer the student for testing?</i> | N/A | |
| 13. | Do you assess student's basic skill level? <i>Describe</i> | N/A | |
| 14. | Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and secured? | N/A | |
| 15. | Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <i>Review</i> | N/A | |
| 16. | Is there a current Student Job Description on file? | N/A | |
| Instructional Expectations – Literacy Learning Lab | | | |
| 17. | Do you use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum? | N/A | |
| 18. | Are differentiated instructional methods used? <i>Describe</i> | N/A | |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

| | | | |
|---|--|-------------------------|-----------------|
| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
| 19. | Do students track their own progress? | N/A | |
| 20. | Do the students receive computer orientation? Is there continuous training? Describe | N/A | |
| 21. | Do you maintain course outlines and lesson plans? Review files | N/A | |
| 22. | Do you use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? Describe | N/A | |
| 23. | Do students spend an average of six months of instructional time enrolled in the program? | N/A | |
| Other Services – Literacy Learning Lab | | | |
| 24. | Do you refer students to other services, i.e. medical? Describe the process | N/A | |
| 25. | Do you provide the students career-related information? | N/A | |
| 26. | Do you have student aides? If so, how many and how are they used? | N/A | |
| | | | |
| 27. | Have you participated in conferences, workshops and seminars from July 1, 2007– December 31, 2008? If so, provide a list. | N/A | |
| Expenses – Literacy Learning Lab | | | |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

| | | | |
|--|--|-------------------------|--|
| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
| 28. | Are spending levels appropriate for material purchases and training to support program needs? | N/A | |
| Equipment – Literacy Learning Lab | | | |
| 29. | Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? Conduct an inventory | N/A | |
| 30. | Is your software appropriately maintained by PLATO's technical field staff? | N/A | |
| 31. | Do you register all new software purchases with the Associate Information Systems Analyst? | N/A | |
| Committees/Meetings – Literacy Learning Lab | | | |
| 32. | How often do you meet with the referral teacher for consultation on a student? | N/A | |
| CASAS/TOPSpro Management Information System (MIS) Coordinator | | | |
| 33. | Have you been trained in the area of California Accountability and the TOPSpro Management Information System to appropriately perform your duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? Dates of last trainings | Yes | Mr. Armstrong attended the April, 2008 and the October, 2007 TOPSpro trainings conducted by the WIA Administrator. |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
|-----|--|-------------------------------|--|
| 34. | Do you have an adequate amount of Comprehensive Adult Student Assessment System (CASAS) testing materials to implement CASAS? <i>Explain the CASAS testing procedures at your institution.</i> | Yes | DVI has an adequate amount of testing materials. The teachers pick-up the testing materials in the Bridging Education Office. Sign-Out/Sign In Sheet system is in place. |
| 35. | Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured? | Yes | Locked in cabinets in secured Bridging Education Office. |
| 36. | Are you using the latest version of the TOPSpro Management Information System software? | Yes | TOPSpro version 5.0. |
| 37. | Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained? | Yes | The computer is in good shape. The scanner is antiquated however a new scanner is in the Education area ready for installation. |
| 38. | Do you provide each teacher with a Student Performance by Competency Report to assistance them in preparing lesson plans? | Yes | Competency Reports for Students are given to the tester via the mail. They receive it the next day. |
| 39. | Do you know how to generate the California Payment Point Report? Can you generate a Preliminary Payment Point Report? | Yes | Mr. Armstrong checks the Payment Point Report after each scanning. The Preliminary Report is also checked for cleaning data. |
| 40. | Are the appropriate students receiving and completing the Core Performance Surveys? <i>Explain the process in place to ensure that students are receiving the surveys.</i> | Yes | If the ex-student is still at the institution the California Adult Student Assessment System Coordinator would send the Survey to the ex-student to complete the form. |

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

| | INSTITUTION: DVI DATE: May 12, 2008 COMPLIANCE TEAM: Mark Lechich | Yes/No or NA | COMMENTS |
|-----|---|-------------------------------|---|
| 41. | Can you generate an up to date list of students that will be receiving the Core Performance Survey for the past quarter? | Yes | Second Quarter data indicated that "No Students Qualified". |
| 42. | Can you generate a Data Integrity site review? | Yes | The Data Integrity Report is used for assisting the Coordinator in locating errors in the data. |
| 43. | Can you generate a Student Gains by Class Report? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records) | Yes | Mr. Armstrong can produce the Student Gains by Class Report. All records matched. Mr. Armstrong is doing outstanding work with the CASAS testing. |

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

DEUEL VOCATIONAL INSTITUTION
MAY 5 THROUGH MAY 16, 2008

PRELIMINARY



CONDUCTED BY

INMATE APPEALS BRANCH

INMATE APPEALS AUDIT EXECUTIVE SUMMARY

Deuel Vocational Institution
May 12-16, 2008

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 94. All areas and their results are listed below.

| | |
|--------------------------------------|-----------|
| OVERALL RATING | 95 |
| A. ACCESS TO INMATE APPEALS | 100 |
| B. TRACKING/FILING APPEALS | 99 |
| C. PREPARATION OF APPEALS | 99 |
| D. TIMEFRAMES | 94 |
| E. APPEAL RESPONSES | 100 |
| F. SPECIALIZED PROCESSING OF APPEALS | 100 |
| G. TRAINING and OFFICE STAFFING | 70 |
| H. CURRENT OVERDUE APPEALS | 98 |

Corrective Action areas are:

- A. Access to inmate appeals

3. Providing a written summary to orientate inmates regarding the Appeals Process:

The California Code of Regulations, Section 3002(a)(2) states in part, “New arrivals shall also be given written staff instructions regarding the [appeals] procedures.” **Housing staff** stated to the audit team that they do not specifically present written instruction on the Inmate Appeals process to intake inmates. They said that if an inmate asks about the appeals process, then they will provide the information. While conducting further review in this area, it was discovered that all new arrivals are issued a DVI-RC Inmate Orientation handbook while in Receiving and Release. It is the opinion of the auditor that this practice suffices the intent of CCR 3002 (a)(2).

- D. Timeframes

1. Are appeals being assigned at each level within five working days of receipt in the Appeals Office?:

The lower score in this question is due to some appeals not being assigned within the five day requirements. Additionally, the date stamp in some appeals was not visible in order for the auditors to determine when the appeal was received; however, based on the amount of appeals audited (101), this oversight is not significant.

- F. Specialized Processing of Appeals

1. When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations):

The Staff Complaint appeals reviewed did not include the notice to the staff member that a complaint had been filed against them. Inmate Appeals staff have informed the auditor that they are complying with this requirement; however, have not attached the notice to the file. It is recommended that the notice be part of the appeal copy which is kept on file in the appeals office.

- G. Training/Office Staffing

1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) staff to ensure that training on the appeals procedures is carried out (DOM 54100.3)? :

Currently, the Appeals Coordinator provides the Inmate Appeals process training to new supervisors during new supervisor training and to ancillary staff during block training sessions. The only key component missing is providing this training to custody staff during off-post training sessions. The auditor was informed by IST staff that Inmate Appeals process training is not being provided to custody staff during Off-Post Training sessions; however, this training is accomplished by providing custody staff On-The-Job training.

Corrective Action areas continued:

- 2.** Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Departmental policy? (DOM 32010.8.4, 54100.3)

The In-Service Training (IST) staff provided the auditor a CDCR approved Inmate Appeals lesson plan; however, it has not been updated to reflect recent changes in Departmental policy. The IST staff informed the auditor they will coordinate with the Inmate Appeals staff in order to comply in this area.

- **H. Current Overdue Appeals**

- 1.** What is the number of current overdue appeals and by how many days late? (CCR 3084.6, DOM 54100.12)

This area encompassed First and Second Level appeals. Although it is acknowledged that some appeals responses may require extensive research which could necessitate exceeding the due date, in those cases it would be appropriate to contact the Inmate Appeals office in order to request an extension. It is recommended that training be provided to staff regarding their responsibility to meet the required time constraints. This monitoring requirement is the responsibility of the appropriate supervisor/manager.

FINAL REPORT

INMATE APPEALS AUDIT

Deuel Vocational Institution
May 12-16, 2008

Review Team: Robert Escalante, CCII Specialist, Wasco State Prison

SUMMARY CHART

| AREA REVIEWED | | RATING 2008 |
|--------------------------------------|-----------|----------------|
| | Score | Page No. |
| OVERALL RATING | 95 | 1 |
| A. ACCESS TO INMATE APPEALS | 100 | 2 |
| B. TRACKING/FILING APPEALS | 99 | 4 |
| C. PREPARATION OF APPEALS | 99 | 5 |
| D. TIMEFRAMES | 94 | 6 |
| E. APPEAL RESPONSES | 100 | 7 |
| F. SPECIALIZED PROCESSING OF APPEALS | 100 | 8 |
| G. TRAINING and OFFICE STAFFING | 70 | 9 |
| H. CURRENT OVERDUE APPEALS | 98 | 10 |

INMATE APPEALS AUDIT
FINAL REPORT

Deuel Vocational Institution
May 12-16, 2008

INMATE APPEALS AUDIT

*The findings in this Inmate Appeals Audit resulted in an overall score of **95**. All areas and their results are listed below.*

Correctional Counselor II Rich Russell is currently assigned to the Appeals Office; he is experienced and knowledgeable in all facets of the appeals process. The Appeals Office Support Staff Analyst Cheryl Zuniga, was helpful to the audit team. She was able to locate documents needed for the review and provide information to assist the audit team. It was indeed a pleasure to work with the staff assigned to the DVI Inmate Appeals Office.

The specific sections and their corresponding questions and scores are identified below. Copies of the Inmate Appeals Worksheets are available upon request.

| | |
|-------------------------------------|----------------------------|
| A. ACCESS TO INMATE APPEALS: | Section Rating: 100 |
|-------------------------------------|----------------------------|

- 1) **Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate?** [CCR 3084.1 (c)]

2 sample # 2 # correct = 100 % Question Rating: 50 **Score: 50**

- 2) **Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and CDC Form 1824s in each inmate law library?** [DOM Section 101120.11, 54100.3]

1 sample # 1 # correct = 100 % Question Rating: 10 **Score: 10**

Although DVI has one central library which delivers both legal and recreational services, it is able to provide easy access to the necessary forms and manuals to the inmate population that utilize the library services.

- 3) **Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures?** [CCR 3002(a)(2)]

Yes Question Rating: 20 **Score: 20**

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes

Question Rating: 20 **Score: 20**

SECTION POINT TOTAL **100**

Currently DVI-RC provides an Inmate Orientation Handbook to all orientation inmates which contains a written summary of the inmate's right to appeal. Additionally DVI-RC broadcast a video on a continuous basis while inmates are processed through Receiving and Release. The video contains a summary of the inmate's right to appeal.

5) **Does the institution provide the CDC Form 602 in both English and Spanish?

Yes

Question Rating: 0

** This question is for information gathering only.

B. TRACKING AND FILING APPEALS

Section Rating: 99

1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]

Yes

Question Rating: 15 **Score: 15**

2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]

101 sample # 100 # correct = % Question Rating: 25 **Score: 24**

3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]

19 sample # 19 # correct = 100% Question Rating: 25 **Score: 25**

4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?
[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35 **Score: 35**

SECTION POINT TOTAL 99

| C. PREPARATION OF APPEALS | Section Rating | 99 |
|---------------------------|----------------|----|
|---------------------------|----------------|----|

- 1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]

40 sample # 40 # correct = 100 % Question Rating: 25 Score: 25

- 2) Do the dates on the appeal correspond with the dates on the IATS?
[DOM Section 54100.9]

40 sample # 38 # correct = 95 % Question Rating: 25 Score: 24

- 3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]

40 sample # 40 # correct = 100 % Question Rating: 25 Score: 25

- 4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]

50 sample # 50 # correct = 100 % Question Rating: 25 Score: 25

SECTION POINT TOTAL 99

Recommendation:

D. TIMEFRAMES

Section Rating: 94

- 1) **Are appeals being assigned at each level within five working days of receipt in the Appeals Office?** [DOM 54100.9]

101 sample # 99 # correct = 98 % Question Rating: 25 **Score: 25**

- 2) **Are informal appeals completed within ten working days?**
[CCR 3084.6 (b)(1)]

20 sample # 17 # correct = 85 % Question Rating: 25 **Score: 22**

- 3) **Are first-level responses completed within 30 working days?**
[CCR 3084.6 (b)(2)]

30 sample # 28 # correct = 93 % Question Rating: 25 **Score: 23**

- 4) **Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)?** [CCR 3084.6 (b)(3)]

30 sample # 29 # correct = 97 % Question Rating: 25 **Score: 24**

SECTION POINT TOTAL 94

Recommendation: *Provide training to staff regarding their responsibility to meet the required time constraints. This monitoring requirement is the responsibility of the appropriate supervisor/manager.*

E. APPEAL RESPONSES

Section

Rating: 100

- 1) **Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

30 sample # 30 # correct = 100 % Question Rating: 25 **Score: 25**

- 2) **Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

30 sample # 30 # correct = 100 % Question Rating: 25 **Score: 25**

- 3) **Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

35 sample # 35 # correct = 100 % Question Rating: 25 **Score: 25**

- 4) **Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

35 sample # 35 # correct = 100 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 100

F. SPECIALIZED PROCESSING OF APPEALS

Section Rating: 100

**STAFF COMPLAINTS
APPEAL RESTRICTION**

STAFF COMPLAINTS

- 1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations, AB 05/03, DOM 54100.25.2)**

Yes

Question Rating: 20 **Score: 20**

- 2) Is the institution keeping Staff Complaints for a period of five years? [DOM 54100.25.5 and Penal Code 832.5(b)]**

Yes

Question Rating: 20 **Score: 20**

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]**

Yes

Question Rating: 20 **Score: 20**

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 05/03]**

Yes

Question Rating: 20 **Score: 20**

APPEAL RESTRICTION

- 5) Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction? [CCR 3084.4(3), (4)]**

No (none on restriction) 100 %

Question Rating: 20 **Score: 20**

SECTION POINT TOTAL 100

G. TRAINING/OFFICE STAFFING

Section Rating: 70

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

Yes

Question Rating: 20 **Score: 20**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Yes

Question Rating: 30 **Score: 30**

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

No

Question Rating: 30 **Score: 0**

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(b) [component thereof]**

Yes

Question Rating: 20 **Score: 20**

SECTION POINT TOTAL 70

H. CURRENT OVERDUE APPEALS

Section Total: 98

1) What is the number of the current overdue First Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

| # of Days late | Number of Appeals | Pts | Point Deduction (Per appeal) |
|----------------|-------------------|-----|---------------------------------|
| 0-30 days | 3 | .25 | .75 |
| 31-90 days | 0 | .50 | 0 |
| 91-180 | 0 | .75 | 0 |
| 181+ | 0 | 1 | 0 |

Question Rating: 50
Points deducted: .75
Score: 49

2) What is the number of the current overdue Second Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

| # of Days late | Number of Appeals | Pts | Point Deduction (Per appeal) |
|----------------|-------------------|-----|---------------------------------|
| 0-30 days | 4 | .25 | 1 |
| 31-90 days | 0 | .50 | 0 |
| 91-180 | 0 | .75 | 0 |
| 181+ | 0 | 1 | 0 |

Question Rating: 50
Points deducted: 1
Score: 49

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

| # of Days late | Number of Appeals | Pts | Point Deduction (Per appeal) |
|----------------|-------------------|-----|---------------------------------|
| 0-30 days | 2 | .25 | 0 |
| 31-90 days | 0 | .50 | 0 |
| 91-180 | 0 | .75 | 0 |
| 181+ | 0 | 1 | 0 |

of Appeals: 0 Points Deducted: 0 Score: N/A

SECTION POINT TOTAL 98

ADDITIONAL AREAS OF REVIEW: This portion has been added to the audit format; however, these areas of the institution are reviewed for information gathering and scores will not be obtained.

1. Law Library access for ASU/SHU inmates:

- a) What is the process for allowing ASU/SHU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343(k)]

DVI-RC has one central library which delivers both legal and recreational services. Inmates housed in Administrative Segregation sign up for law library on a weekly basis, with priority being given to Priority Library Users (PLU) and inmates with pending deadlines. Inmates are escorted to the library and allotted a designated period of time for research, preparation, and mailing.

- b) How often do these inmates have access to the law library?

Once per week.

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

2. Medical Appeals Process:

- a) What is the process for answering medical and ADA appeals?

The DVI-RC Medical Appeals currently utilizes a Staff Service Analyst (SSA) and Office Technician (OT). In conjunction with medical personnel the SSA researches and prepares the responses at both the First and Second Levels of review. The interview of inmates are conducted by both the SSA and OT. The medical and ADA appeals are signed by the Health Care Manager or designee.

- b) **Talk to the CMO/HCM regarding medical appeals process.**

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
BED UTILIZATION REVIEW

DEUEL VOCATIONAL INSTITUTION

MAY 5 THROUGH MAY 16, 2008

PRELIMINARY



CONDUCTED BY

CLASSIFICATION SERVICES

DEUEL VOCATIONAL INSTITUTION

WEEK OF May 12, 2008

ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW

The Deuel Vocational Institution (DVI) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of May 12, 2008. Correctional Counselor (CC)-III M. Scott, assisted by CC-IIs S. Williams and R. Renteria; conducted the review.

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU. A review of DVI's Administrative Segregation Log, reflected approximately 351 inmates housed in ASU. Of these cases, approximately 111 cases were in ASU for 90 days or more. Approximately 63 cases were reviewed by the team and included in the Report. Attached is a breakdown of types of cases that were reviewed.

The cases reviewed were broken down into the following categories:

40 were placed in Administrative Segregation based on a pending Disciplinary charge.

12 were placed in Administrative Segregation based on safety concerns. Note several of these cases also received disciplinary reports in ASU—the time constraints related to the disciplinary process were captured in the Disciplinary section.

11 were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? DVI does have an ASU tracking method in the form of an Administrative Segregation Log. The tracking log presented appeared current (cases added as recently as 5/8/08). The log is maintained by an ASU Office Technician who inputs the initial information related to the case; and obtains the information from the CDC 114Ds, the call sheets and from the CCI's. The DVI Administrative Segregation Log dated 5/12/2008 provided information such as date of ASU placement, Reason for Placement (via alpha-numeric code); Committee's last action (date) and CSR endorsement. However the section "CSR Endorsement" was conspicuously blank through out the entire document. Time periods for specific processes, such as date of adjudication of RVRs or completion of investigations was not tracked. The log also does not indicate the status of the case, such as ICC's last recommendation nor does the log provide any information which may indicate why the case is still in ASU. The computerized log was organized by counselor name (housing unit) primarily and then in alphabetical order by inmate name. Other than indicating the length of

ASU stay, the log does not appear to offer helpful information to Management which would assist in identifying problem areas or “red flags” which contribute to lengthy stays in ASU. In comparison, the ASU Tracking Log maintained by NKSP (as reviewed during a 1/14/08 audit) offered more helpful information, including date of ASU placement, Reason for Placement, “Things Needed” (such as C-file, closure report, CSR review); Committee’s last action and CSR action. The last column, “Action Taken to Expedite Casework” included information such as ICC’s recommendation and CSR endorsement..

Comment: Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review

California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from 2 days to 20 days. Overall the great majority of cases (approximately 83 percent) were seen for the Initial ASU ICC in a timely manner, within 10 days or less.

It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from 15 days to 118 days. Of the cases reviewed, only 12 percent of the cases were presented to the CSR within 30 days of the Classification committee referral. This is an area of concern. The majority of cases reviewed greatly exceeded the 30 day time-frame, with 9 cases

exceeding the time-frames by 90 days and more.

When an ASU case is reviewed by a CSR, the CSR will indicate a time period in which the case must be presented again to a CSR for further review.

Of the cases reviewed, there are 15 cases (or approximately 22 percent) currently retained in ASU beyond the CSR approved retention date. **(The expectation is there should be 0 cases in this category).** One case was noted for being 122 days beyond the ASU expiration date. This was the case of Inmate Altheide F-53517. In this case, CSR review last occurred on 11/2/07 with a return date of 1/13/08. After CSR review of 11/2/07, the inmate received 5 RVRs in ASU. ICC of 4/16/08 has referred case for SHU audit and PSU transfer.

There was a significant number of cases noted that had been in ASU well over 30 days and which did not have an ASU extension approval at all. This is another area of concern. **(The expectation is there should be 0 cases in this category).** Approximately 13 cases (approximately 20 percent) of the cases reviewed had not had CSR review.

DISCIPLINARY CASES

Hearing Timelines

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney (DA) review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

A total of 50 RVRs were reviewed.

RVRs heard without postponement:

25 RVRs were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 4 days to 110 days. The vast majority of the cases appeared to be within the time limits. The majority of non-postponed RVRs reviewed were adjudicated, on average within 29 days.

RVRs heard with postponement pending DA action:

9 RVRs were noted.

Time from the date of the RVRs to the date the RVRs were heard ranged from 17 to 138 days with the average postponed RVR being heard within 69 days. DVI appears to have a very efficient method of processing DA referrals (discussed later in this report) which likely contributes to the timely disciplinary process.

Note: Complete data for 6 of the RVRs was not fully captured based on the preformatted data collection tool/ case-sheet. Therefore these six were omitted from the count related to non-postponed/ postponed RVRs.

Post-Hearing Processing Timelines

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

10 RVRs are still pending.

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 2 days to 133 days. On average, the Captain's review of the RVR occurred 14 days after the hearing. **(The Department has no regulatory time constraints, however, the expectation is this time will be within 5 working days.)**

Facility Captain to Chief Disciplinary Officer Review:

Available information reflected time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 0 days to 18 days; an average of 3 days. **(The Department has no regulatory time constraints, however, the expectation is this time will be within 3 working days.)**

Chief Disciplinary Officer to ICC review:

Time from the date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 6 days to 62 days, or an average of 20 days. There was one case which had a 410 day lapse from the CDO review to ICC—this was the case of Inmate Clem F-15279, who was originally placed into ASU due to safety concerns and also had numerous unresolved SHU-able RVRs from prior terms. While in ASU, he also received an RVR dated 12/15/07 for Possession of a Weapon. ICC of 1/31/08 referred case for multiple SHU audits. The complexity of the casework clearly impacted timely ICC review, therefore this case was not included in the calculation of the average time-frames between CDO and ICC review. **(The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)**

Parole Violator Cases referred to the Board of Prison Hearings (BPH) for review:

The number of parole violator (return to custody/ RTC) cases included in the sample cases was insufficient to provide a fair review.—only 7 cases provided meaningful data reflecting the following ranges:

- Days from RVR to BPH Desk: 1 to 5 days.
- Days from BPH Desk to BPH Offer: 8 to 35 days.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

DVI appears to have an efficient method of tracking incident reports and processing DA referrals. Per ISU staff, the incident reports are received within 4 to 5 days of the incident. The Watch Commander's Incident Log is checked on a regular basis to ensure all of the incident reports have been received by ISU. Twice per month, ISU staff personally take the reports to the DA Office, where, for the most part, the cases are either accepted or rejected during the ISU visit.

There were 24 cases reviewed for the purpose of determining time-frames for ISU processing of incident reports.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from 2 days to 89 days, on average, within 15 days. **(The expectation is the complete package will be presented to ISU within 7 calendar days.)**

ISU Receipt of Incident Report to Referral to DA/ISU Screen-out:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 0 days to 6 days. **(The expectation is the time should not exceed 5 working days.)**

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 4 days to 153 days, for an average of 24 days. **(This is one area that the institution has no definitive control over, however, DVI is to be commended for it's expedient resolution of DA**

referrals and efficient relationship with the DA office).

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

Thirteen cases were placed in Administrative Segregation based on safety concerns, which included several EOP cases and one case involving DRB actions.

Investigation Initiation to Completion:

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 6 days to 64 days; based on the 6 cases for which this information could be determined. However, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is this time should not exceed 30 calendar days).**

Investigation Completion to ICC Review:

Where the information was available, time from conclusion of the investigation to ICC review of investigation results ranged from 6 days to 64 days, based on four cases for which the information could be determined.. Again, the small number of cases reviewed is insufficient to provide fair representation of investigation time-frames. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period).**

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Office of Correctional Safety (OCS) and the time to review and conclude the issue by ICC and CSR.

There were 11 cases reviewed that were placed in Administrative Segregation based on Gang Investigation/Validation/Debriefing. The majority of cases involved update to the current CDC 128B-2 versus first time validation.

ASU Placement to Referral to IGI for Investigation:

Days from ASU placement to IGI investigation assignment being received by IGI ranged from 5 days to 20 days.

Note: DVI ISU staff have explained an IGI staff member is present at initial ICCs and at that time receives the referral for the IGI investigation. It appears DVI IGI receives these referrals in a timely manner.

Initiation of IGI investigation to Conclusion of Investigation:

Days from IGI investigation assignment to receipt of completed investigation ranged from 4 days to 103 days based on availability of information for 10 of the cases.

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER

Documentation in the central files indicates that 21 of the cases reviewed in ASU are currently endorsed and awaiting transfer.

GENERAL OBSERVATIONS

Two areas appear in need of increased scrutiny and/ or improvement:

- The DVI ASU Tracking Log should be reformatted and maintained in a manner to provide information to management which will enable improved identification of cases which may be languishing in ASU without legitimate cause. The ASU Tracking Log maintained by NKSP provides an excellent example of a well designed and efficient ASU tracking tool. It is recommended DVI's ASU Tracking Log at least include status of processes known to impact ASU stays, such as status of RVRs, investigations, ICC referrals and transfer endorsement.
- The flow of the CDC 128G should be monitored to ensure timely CSR presentation in accordance with CCR section 3335(e). DVI staff have explained ASU cases appear before ICC every 60 days. However this does not lessen the import of ensuring the CDC 128G is processed in a timely manner, as this can also adversely impact the amount of time it takes to transfer the inmate from ASU.

DVI appears to have a well managed disciplinary process reflected in the relatively expeditious processing times.

DVI staff were helpful and cooperative in supplying information, documents and central files related to this audit. Their assistance was greatly appreciated.

DISCIPLINARY

| CDC # | Days From 114D to Initial CSR Referral | Days From Initial ICC Referral To CSR Review | Expiration Date Of Current CSR ASU Extension | If ASU Extension Has Expired, By how Many Days? | Date of RVR | Charge | Postponed Pending DA | Days From RVR to Hearing | Days from Hearing to Captains Review | Days from Captain's Review to CDO Review | Days from CDO Review to ICC Review | Days from RVR to BPT Desk | Days from BPT Desk To BPT for Offer | Days to BPT Offer or Hearing | Days from Incident to ISU Receiving 837 | ISU Receipt to DA Screenshot or Referral | Days from referral to DA Accept/ Reject/ Pending | Accepted/ Rejected | Total Days since Initial ASU Placment | Comments |
|--------|--|--|--|---|-------------|----------------|----------------------|--------------------------|--------------------------------------|--|------------------------------------|---------------------------|-------------------------------------|------------------------------|---|--|--|--------------------|---------------------------------------|---|
| T96438 | 8 | 56 | 7/25/08 | 0 | 1/23/08 | Batt Staff | no | 24 | 11 | 1 | 6 | 5 | 3 | 0 | 89 | 0 | NA | NA | 110 | 11 mo SHU aprvd via CSR of 3/27/08, end COR-SHU |
| F81653 | 4 | 64 | NA | NA | 3/1/08 | Batt I/M | no | 37 | 2 | 1 | 13 | NA | NA | NA | NA | NA | NA | NA | 72 | Rel from ASU 4/23/08. CSR appr SHU term 5/8/08. |
| F53474 | 2 | 29 | NA | NA | 7/2/07 | Weapon | yes | 17 | 20 | 0 | 8 | NA | NA | NA | 8 | 2 | 4 | REJECT | 314 | 10/3/07 CSR endorsed case to CCI-SHU |
| F63172 | 4 | NA | not seen | NA | 3/1/08 | Batt I/M | no | 37 | 2 | 1 | 13 | NA | NA | NA | NA | NA | NA | NA | 72 | Not seen by csr. Rel to GP 3/5/08. ICC 128Gs not in the file--infor taken from 262. |
| F38760 | 0 | 0 | 6/1/08 | 0 | 10/16/07 | Weapon | yes | 134 | 2 | 0 | 20 | NA | NA | NA | 2 | 0 | 18 | ACCEPT | 0 | (VALLEJO) Orig placed in Asu due to Safety concerns. DRB action noted. SHU term aprvd 4/17/08 |
| V70051 | 7 | 37 | 6/1/08 | 0 | 1/2/08 | Batt I/M | no | 27 | 7 | 9 | 27 | NA | NA | NA | 16 | 0 | NA | NA | 131 | Recvd addnl RVR of 1/16/08 for Batt I/m. Both SHU terms approv via CSR of 4/16/08. Ret ASU/ MERD too short. |
| | 0 | 0 | NA | NA | 1/16/08 | Batt I/M | no | 48 | 6 | 1 | 23 | NA | NA | NA | 8 | 0 | NA | NA | 0 | 0 |
| T59835 | 6 | 118 | 5/22/08 | 0 | 10/26/07 | Delay PO | no | 33 | 5 | 0 | 24 | NA | NA | NA | NA | NA | NA | NA | 278 | KEYES "S" suffix. Rec RVR of 6/22/05 Batt Staff on a prior term. Shu term reimposed via ICC of 9/13/07 w MERD of 10/11/08. Recvd addnl RVRs while in ASU. |
| | 0 | 0 | NA | NA | 10/29/07 | Weapon | no | 26 | 2 | 2 | 29 | NA | 8 | NA | 11 | 0 | 10 | ACCEPT | 0 | 0 |
| P49676 | 20 | 0 | 5/1/08 | 12 | 3/16/07 | Esc/Force | yes | Not heard | NA | NA | NA | NA | NA | NA | 6 | 6 | 19 | ACCEPT | 423 | RVR not heard. RVR of 3/16/07 pending court proceedings. Recvd addnl RVR of 6/17/07 Weapon also not heard. |
| | 0 | 0 | NA | NA | 6/17/07 | Weapon | yes | Not heard | NA | NA | NA | NA | NA | NA | 2 | 0 | 7 | ACCEPT | 0 | RVR not heard. |
| F53474 | 3 | 29 | 6/10/08 | 0 | 7/2/07 | Weapon | yes | 17 | 20 | 0 | 8 | NA | NA | 0 | 8 | 2 | 4 | REJECT | 316 | End CCI-SHU 10/3/07 with corrected MERD of 6/10/08, but rcvd addnl RVR of 10/3/07 for Weapon which has not been heard. |
| | 0 | 0 | NA | NA | 10/3/07 | Weapon | yes | Not heard | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 0 | RVR not heard. |
| F97070 | 3 | 15 | 4/30/08 | 13 | 1/28/08 | Batt I/M | no | 24 | 6 | 1 | 13 | NA | NA | NA | 4 | 0 | NA | NA | 106 | ICC of 3/12/08 referred case for SHU term and transfer--no CSR review since 2/15/08. |
| V21907 | 4 | 106 | 7/25/08 | 0 | 12/8/07 | Batt I/M Wpn | no | 25 | 12 | 18 | 6 | 1 | 5 | 35 | 9 | 0 | NA | NA | 157 | 3/27/08 SHU term approved and end COR-SHU. |
| V41087 | 2 | 37 | 5/22/08 | 0 | 1/7/08 | Batt I/M | no | 4 | 4 | 3 | 62 | NA | NA | NA | NA | NA | NA | NA | 127 | "S" suffix. RVR ordered reissue/ reheard and adjudicated on 3/3/08 (CDO review). End 4/24/08 SAC PSU via MCSP Hub. |
| V55884 | 5 | 84 | 6/24/08 | 0 | 2/9/08 | Batt I/M | no | 21 | 9 | 1 | 8 | NA | NA | NA | NA | NA | NA | NA | 94 | 0 |
| F59541 | 7 | 56 | 6/11/08 | 0 | 2/11/07 | Batt Staff | no | Not heard | NA | NA | NA | NA | NA | NA | 12 | 0 | 10 | ACCEPT | 96 | 0 |
| T33826 | 8 | 47 | 4/30/08 | 13 | 1/23/08 | Att Batt Staff | yes | 54 | 21 | 1 | 16 | NA | NA | NA | 21 | 6 | 6 | REJECT | 111 | ICC of 4/24/08 referred for SHU audit and SHU tx--no CSR review since 3/18/08 |
| F15279 | 0 | 0 | NA | 0 | 12/15/07 | Weapon | NA | 35 | 12 | 4 | 410 | NA | NA | NA | NA | NA | NA | NA | 0 | I/m originally placed in ASU for SAFETY concerns. ICC of 1/31/08 referred case for multiple SHU audits--deferred by CSR 2/14/08. |

DISCIPLINARY

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DISCIPLINARY

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DISCIPLINARY

| CDC # | Days From 114D to Initial CSR Referral | Days From Initial ICC Referral To CSR Review | Expiration Date Of Current CSR ASU Extension | If ASU Extension Has Expired, By how Many Days? | Date of RVR | Charge | Postponed Pending DA | Days From RVR to Hearing | Days from Hearing to Captains Review | Days from Captain's Review to CDO Review | Days from CDO Review to ICC Review | Days from RVR to BPT Desk | Days from BPT Desk To BPT for Offer | Days to BPT Offer or Hearing | Days from Incident to ISU Receiving 837 | ISU Receipt to DA Screenout or Referral | Days from referral to DA Accept/ Reject/ Pending | Accepted/ Rejected | Total Days since Initial ASU Placment | Comments |
|--------|---|--|--|--|----------------|-----------|-------------------------|--------------------------------|---|--|--|---------------------------------|--|------------------------------------|---|--|--|-----------------------|--|--|
| | 0 | 0 | NA | NA | 11/9/07 | Indec Exp | no | 34 | 42 | 1 | 6 | NA | NA | NA | NA | NA | NA | NA | 0 | 0 |
| T13487 | 8 | NA | not seen | NA | NA | (Behavior | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 224 | (WHITE) Not seen by CSR. P/I ASU due to parole from ASU--ICC of 2/14/08 referred case for SHU-Indet. Based on behavior. Pending RVR 2/21/08 for Indecent Exp noted. Housed continously at DVI since 10/3/07. |

SAFETY

| CDC # | DAYS FROM 114D to INITIAL CSR REFERRAL | DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW | Expiration date of current CSR ASU Extension | How many days since ASU extension expired | Date of Referral to Staff for Investigation | Days to Completion of Investigation | Conclusion of Investigation to ICC Review | ICC referral to CSR After conclusion of Investigation | Days in ASU to date | Comments |
|--------|--|---|--|---|--|---|---|---|------------------------|---|
| F72510 | 7 | 36 | NA | NA | NA | NA | 0 | 0 | 61 | Per CDC 128G of 3/19/08, ICC did not refer case for investigation due to rel date of 5/2/08. |
| F14811 | 1 | not seen | NA | NA | NA | NA | 0 | NA | 159 | Not seen by CSR. Went OTC 1/31/08 and ret to DVI 3/20/08. Initial ICC occurred 3/20/08 and rel to GP 3/20/08. |
| F90171 | 8 | 35 | 4/9/08 | 33 | 11/7/07 | 29 | 0 | 0 | 216 | ICC of 11/7/07 referred case for CCCMS transfer and referred for transfer based on EOP. Case endorsed 12/11/07 for MCSP-IV via ASU EOB hub. Re-referred for tx based on level III CS. Last seen by ICC 4/10/08. Not seen by CSR since 12/11/07. |
| F38760 | 7 | 107 | 6/1/08 | 0 | 8/30/06 | 27 | 64 | 287 | 628 | (VALLEJO) ICC of 11/22/06 referred case to the DRB. DRB specified SAC-IV trnsfer. On 9/5/07. I/m received RVR of 10/16/07 for WPNs. DRB of 12/20/07 resc SAC tx due to RVR of 10/16/07. 10 mo SHU term appvd via CSR of 4/17/08. Retained for compl of RC processing. MERD of 6/1/08 noted. |
| V70053 | 7 | 20 | 5/14/08 | 1 | 2/14/08 | 64 | 6 | 0 | 96 | Not seen by CSR since 3/5/08. ICC of 4/17/08 referred case for SNY TX. |

SAFETY

| CDC # | DAYS FROM 114D to INITIAL CSR REFERRAL | DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW | Expiration date of current CSR ASU Extension | How many days since ASU extension expired | Date of Referral to Staff for Investigation | Days to Completion of Investigation | Conclusion of Investigation to ICC Review | ICC referral to CSR After conclusion of Investigation | Days in ASU to date | Comments |
|--------|--|---|--|---|--|---|---|---|------------------------|--|
| F15279 | 2 | 51 | 3/13/08 | 61 | NA | NA | NA | NA | 190 | (CLEM) Originally p/o in ASU due to safety concerns but there has been no further mention of safety concerns nor was investigation done. Inmate had numerous SHUable RVRs from prior term which had not been adjudicated and also recvd RVR of 12/15/07 for Weapon while in ASU. ICC of 1/31/08 referred case for multiple SHU audits--deferred by CSR 2/14/08 |
| F65770 | 6 | not seen | NA | NA | 3/12/08 | incomplete | NA | NA | 68 | Not seen by CSR. Local enemy concerns at RC based on gang dropout |
| T99274 | 5 | 85 | 10/18/07 | NA | 7/25/07 | 41 | 0 | 48 | 299 | Was endorsed 10/18/07 for for CCCMS/ SNY but psy changed to EOP. Also recvd pending RVR of 11/16/07 for Arson. End 3/18/08 for MCSP ASU EOP hub. Return date not provided by CSR. |
| F53537 | 12 | 79 | 7/5/08 | 0 | NA | NA | NA | NA | 159 | No investigation done--ICC notes safety concerns specific to DVI and commitment offense. End 3/7/08 MCSP IV SNY |
| F98474 | 8 | not seen | NA | NA | 12/27/08 | 8 | 12 | 44 | 148 | (HEIR) Not seen by CSR. ICC of 4/9/08 (per CDC 262 entry) indicates CSR referral for SNY level III transfer. |
| F69447 | 2 | 82 | 5/13/08 | 2 | 10/24/07 | 6 | 18 | 60 | 206 | End KVSP-IV SNY 1/14/08. |

SAFETY

[illegible]

GANG

| CDC # | DAYS FROM 114D to INITIAL CSR REFERRAL | DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW | Expiration date of current CSR ASU Extension | If ASU extension is expired, how many days | Days from ASU Placement To Investigation Assignment being Received by IGI/Staff | Days to Completion of Investigation | Days from Completion of Investigation by IGI to OCS For Validation | Days from referral to OCS to Receipt of 128B-2 | Days in ASU to date | Comments |
|--------|--|--|---|---|---|---|--|--|------------------------|--|
| G05253 | 2 | 50 | 6/5/08 | 0 | 2 | incomplete | NA | NA | 99 | Investigation not completed |
| V45064 | 6 | 71 | 3/15/08 | 59 | 6 | 6 | NA | NA | 256 | Update of current CDC 128B-2 of 11/12/05 End. PBSP-SHU Indet on 11/16/07 but then recvd RVR of 1/17/08 for Weapon. RVR not heard. ICC of 3/20/08 notes further ASU ext not needed due to SHU Indet |
| V68354 | 20 | 50 | 5/13/08 | 0 | 20 | 83 | 0 | 15 | 320 | 1/14/08 End PBSP-SHU indeterminate |
| K64309 | 7 | not seen | NA | NA | NA | 40 | NA | NA | 103 | Not seen by CSR. Update of current validation noted. Last ICC was 3/27/08 |
| J17863 | 9 | not seen | NA | NA | NA | 50 | NA | NA | 98 | Not seen by CSR. Update of current validation noted. Last ICC was 4/24/08 |
| H62577 | 7 | 55 | 6/21/08 | 0 | 7 | 4 | NA | NA | 132 | Update of prior CDC 128B-2 of 12/16/03. End PBSP-SHU 4/16/08 |
| F90167 | 6 | 35 | 5/7/08 | 7 | 6 | 52 | 0 | 12 | 222 | ICC of 4/17/08 referred to CSR for SHU Indet/ SHU transfer. |
| K84706 | 5 | 92 | 6/29/08 | 0 | 5 | 35 | NA | NA | 103 | Update of current CDC 128B-2. End COR-SHU indet via CSR of 5/8/08. |
| G01781 | 9 | 35 | 5/30/2008 | 0 | 9 | 74 | 0 | Not received | 113 | revalidation of gang under new CDC #. |
| J10757 | 14 | not seen | NA | NA | 14 | 4 | NA | NA | 139 | Not seen by CSR. Update of current validation. ICC of 3/20/08 referred to CSR for SHU indeterminate and SHU transfer. |
| F87883 | 8 | 29 | 4/2/08 | 42 | 8 | 58 | 0 | Not received | 232 | Referred to OCS for change of status from active to inactive. ICC of 5/7/08 referred to CSR for 90 day ASU ext. |

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

DEUEL VOCATIONAL INSTITUTION
MAY 5 THROUGH MAY 16, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California in orange.

PRELIMINARY

CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

DUAL VOCATIONAL INSTITUTE

Introduction

This review of Radio Communication Operations at Dual Vocational Institute, (DVI) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Audits and Compliance and the Radio Communications Unit (RCU), between the dates of May 12 through 16, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM), Federal Communication Commission (FCC) regulations and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Ken Chappelle, of the Facilities Planning and Management Division, Telecommunications Section, Radio Communications Unit.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications. Each area was reviewed with staff and any problems were reviewed or solved with the DVI Radio Liaison. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

Dual Vocational Institute, Tracy Ca.

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at DVI during the period of May 12 through 16, 2008. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of DVI compliance by RCU.

The scope and methodology of this review was based upon written review procedures developed by the RCU and provided to DVI staff in advance of the review.

The System Watch and Selective Inhibit Dynamic Regrouping (SIDR) computers kept in control are in perfect working order. Not only was the Radio Liaison fluent with the use of these computers but Officer M. Geist (Second Watch Control Officer) has complete knowledge of such system and is an asset to DVI.

| Approximately 30 random radios were reviewed this is just less than 10% of DVI 337 radios. Out of the 30 radios that were checked only 21 were in the proper location. The reviewer was checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory, matrix and AB 90/35 to provide the proper radio location, DVI was at 70% on radio placement. The discrepancies were found during the review and line staff had little concern for proper radio per post assignment. Staff had the wrong radio and yet when the reviewer explained the reasons why the correct radio should be carried, staff acknowledged.

Corrective action recommendations are to change the labeling of the radios this will make it easier for staff to verify that the radio they have is the correct radio per the assigned post. The second recommendation is to have staff complete some OJT on the subject. The third recommendation is to have supervisors verify that staff have the correct radio/equipment on an ongoing basis.

An overall score of 80% was given to DVI for the Radio Communications Peer Review.

The Reviewer would also like to complement the Radio Liaison at DVI (Officer Cliff Wilkerson) as his organizational skills and overall help made this review a success.

Radio Communication Compliance Review

Dual Vocional Institute (DVI)

Exit Conference Discussion Notes

May 12nd - 16th, 2008

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communications Security Compliance Review of DVI the week of May 12th, 2008. The review covered 28 different areas which DVI was fully compliant in all areas, with the exception of one (see notes). The chart below details these outcomes. Other observations are noted below.

FINDINGS SUMMARY:

| | | Compliant | Partial Compliance | Non Compliant |
|-------|---|-----------|--------------------|---------------|
| 1 | Radio Liaison Identified? | C | | |
| 2 | Inventory System in Place? | C | | |
| 3 | All Radios Accounted for? | C | | |
| 4 | Radio Matrix in place? | C | | |
| 5 | Repair Procedure? | C | | |
| 6 | Repair Tracking? | C | | |
| 7 | Battery Management in Place? | C | | |
| 8 | Proper usage of Battery Management? | C | | |
| 9 | Inmate Access to Radios? | C | | |
| 10 | Radio Vault Secured? | C | | |
| 11 | Intrusion Alarm on Radio Vault? | *C | | |
| 12 | Authorization to Enter Vault? | C | | |
| 13 | Key to Vault Secured? | C | | |
| 14 | Vault key Access for DGS-TD Tech? | C | | |
| 15 | System Watch/SIDR Operational & Computer Secured? | C | | |
| 16 | Procedure to Operate System Watch/SIDR? | C | | |
| 17 | Staff to Operate System Watch/SIDR identified? | C | | |
| 18 | System Watch/SIDR Training? | C | | |
| 19 | Chit System in Place for Radios? | C | | |
| 20 | Other Radios on Grounds? | C | | |
| 21 | Scanners on Grounds? | C | | |
| 22 | Who do you contact for System Malfunction? | C | | |
| 23 | Steps taken when System Fails? | C | | |
| 24 | Staff have Knowledge on Radio Fail-Soft? | C | | |
| 25 | Staff have Knowledge of RCU Staff? | C | | |
| 26 | Off Grounds Communication / Fire Department. | C | | |
| 27 | Working CLERS System? | C | | |
| 28 | Working CMARS System? | C | | |
| Total | | 28 | | |

The Radio Vault does not have a Intrusion Alarm but it is under the direct vision of tower 8 and the key to enter is kept in tower 8 therefore the alarm is the tower 8 officer. .

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

CASE RECORDS

DEUEL VOCATIONAL INSTITUTION

MAY 5 THROUGH MAY 16, 2008

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PRELIMINARY

CONDUCTED BY

CASE RECORDS ADMIN

DEUEL VOCATIONAL INSTITUTION – RECEPTION CENTER COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Jessie Drane, Correctional Case Records Manager, North Kern State Prison and Marti Eichman, Correctional Case Records Manager, Central California Women's Facility to conduct a compliance review May 12, 2008, through May 16, 2008, of specific areas within the Deuel Vocational Institution Reception Center records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and staff assisted with providing information to the review team when requested.

The three primary areas reviewed were:

1. Central File Request Process
2. Holds, Warrants and Detainers (HWD)
3. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

CENTRAL FILE REQUEST PROCESS

Reference: DOM Section 72020.4.6

"The CCRM shall communicate with the appropriate regional CCRM, using the telephone, FAX, or OBIS , advising them of the receipt of the parole violator(s) and shall request that the case files be forwarded immediately.

- *Case files on parole violators (PVRTC or PVWNT) shall be requested daily.*
- *Parole regions shall forward requested files to the institution immediately."*

Reference: Instructional Memorandum (CR 97/03)

"Reception Center Managers are directed to implement a tracking system which documents that the initial request was received by the region and that follow-up requests are being made no more than five working days after the initial request."

Reference: Instructional Memorandum (CR 01/17)

"...The Reception Center Correctional Case Records Manager (CCRM) shall request the Central File for PVRTC (Parole Violator Returned To Custody) and PVWNT (Parole Violator With A New Term) daily. Case Records North and Case Records South shall send the Central File to the institution within three working days. When the Central File cannot be located, the CCRM or designee shall be contacted."

**DEUEL VOCATIONAL INSTITUTION – RECEPTION CENTER
COMPLIANCE REVIEW**

“...If the Central File is not located after 30 calendar days from the original request, then Case Records North or Case Records South shall reconstruct the Central File....”

An overdue file request list for Case Records South dated May 12, 2008, was printed on request. The report consisted of one page (7 central file requests). In order to verify that central files were being requested from the appropriate location the Offender Based Information System (OBIS) was queried to determine the correct Parole Region and the records office from which the central file should be requested.

Of the 7 cases the following errors were identified:

1. V94424 Everett – ‘S’ was received on 3/14/08. The central file was first requested on 3/18/08 from Case Records North (CRN). Can not determine when subsequent requests were made. A central file request was also made to Case Records South (CRS) on 5/12/08. **This ‘S’ had been discharged on this CDC# 7/26/07.
2. F45176 Alferez – ‘S’ was received on 4/2/08. The central file was first requested on 4/15/08. On 5/12/08, a file request was again initiated, however the ‘S’ had been transferred to Folsom on 5/6/08.
3. F00086 Mathers – ‘S’ was received on 2/26/08. The central file was requested 4/15/08 (can not determine if 1st or 2nd request). On 5/12/08 a file request was again initiated, however ‘S’ paroled on 5/8/08.

An overdue file request list for Case Records North dated May 9, 2008, was printed on request. The report consisted of six pages (165 central file requests). In order to verify that central files were being requested from the appropriate location the OBIS was queried to determine the correct Parole Region and the records office from which the central file should be requested.

Of the 165 cases the following errors were identified:

The following Central Files should have been requested from Case Records South.

1. F88603 Morris
2. J75204 Rowland
3. V61323 Jackson
4. V10944 Schulte
5. T64797 Jordan
6. P60464 Davis
7. J03770 Pineda

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8. P91977 Jewkes

Central files were erroneously requested for inmates who were enroute to another institution as court returns or had been transferred/released prior to the Central File request date.

1. F96272 Wheelwright
2. F00252 Ortiz
3. F64982 Mendoza
4. V09982 Thomas
5. V20085 Reaves
6. V10585 Applegate
7. F62979 Killingworth

Central file was erroneously requested from CRN for an inmate who came into San Quentin Reception Center as a New Commitment.

1. G07288 Anderson

Of the 172 Central File requests reviewed it appears the following requests are not in compliance with requesting Central files daily:

1. V14552 Powell – ‘S’ received 4/7/08, file initially requested 4/16/08 – 9 days after reception.
2. K86458 Styre – ‘S’ received 3/25/08, file initially requested 4/16/08 – 22 days after reception.
3. G07288 Anderson – ‘S’ received 3/17/08, file initially requested 4/16/08 – 30 days after reception.
4. V58118 Casares – ‘S’ received 1/31/08, file initially requested 4/15/08 – 75 days after reception.
5. K25628 Lujan – ‘S’ received 3/20/08, file initially requested 4/15/08 – 26 days after reception.
6. P56457 Scata – ‘S’ received 3/17/08, file initially requested 4/15/08 – 29 days after reception.
7. D12984 Hartman – ‘S’ received 3/26/08, file initially requested 4/07/08 – 20 days after reception.

General Findings:

Processes for requesting and tracking of Central Files from the Regions Records Office are not being followed in accordance with Departmental Policies. A review of the desk procedures for this area are outdated, however it does provide direction for the processing and tracking of these requests which are not currently being performed and would provide for a better and more streamlined

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process. When interviewing the staff which perform this function they indicated they send the daily and overdue requests to Case Records North, however they do not verify that is the appropriate location of the Central File. As indicated above some of these requests should have gone to Case Records South and or another institution. The staff stated they wait until they get the list back from Case Records North indicating they should request the Central File elsewhere. This is not productive and creates additional workload as well as untimely receipt of Central Files for the Reception Center Processing.

Cases that have paroled or transferred are still being sent as overdue to the Case Records Region Office. The tracking system being utilized does not get updated appropriately when files have been received or the 'S' has paroled or transferred, they should be deleted from the listings.

Recommendations:

- Errors identified in this report should be corrected immediately in the Central File request data base.
- Clerical staff maintaining the data base for the Central File requests should be provided documented on the job training, as it pertains to reading OBIS prior to initiating the first Central File request.
- Clerical staff should be provided documented on the job training as it pertains to reviewing the central file request lists returned from Parole Case Records offices (notations are provided when the Central File is not at the location it was requested from), updating the Central File data base when required and appropriate follow-up should be completed to contact institution Case Records offices when the Central File is not located at a Parole Case Records office.
- Incoming central file shipments should be opened and the Central File data base updated prior to generating overdue Central File request lists.
- Periodic reviews of the overdue Central File request should be completed by a knowledgeable staff member to ensure errors are identified and corrected.
- If the Central Files that have not been received within 30 days of the original request the CCRM of the institution should be contacting the CCRM of the parole case records office. If necessary a DUMMY file will be made.
- Utilize the Automated Release Date Tracking System (ARDTS) for tracking and requesting the Central Files.

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HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72020.4

“Reception Centers or receiving institutions shall prepare required departmental forms on inmates received with new commitments.

“A full Criminal Identification and Investigation rap sheet shall be run and reviewed as part of the initial processing of reception center inmates.”

Reference: DOM Section 72040.5.2

“In the Reception Centers, actual detainees that are included with the ‘prison package’ or arrive before the counselor has begun processing the case shall be reviewed by the HWD coordinator who will sign off the HWD log in the ‘Initial Disposition’ section as an unprocessed case. These detainees shall not be referred to the designated staff member unless there is an apparent security risk such as a potential life term or extremely long determinate sentence.”

Reference: DOM Section 72040.5.2.1

“Reception Centers shall not be required to initiate or follow-up potential HWD requests except for those inmates who are permanently housed at the Reception Center or pending imminent release. It shall be the responsibility of the receiving facility to review the inmate’s central file for any CDC Form 850s initiated at the Reception Center and to complete the initial inquiry and any required follow-up as previously specified.”

“If a move to work furlough, parole, or TCL is approved, the HWD coordinator shall query the OBIS HWD file within 24 hours of the actual move...If a ‘hold’ is received on the same day or subsequent to the approval of a move, the HWD coordinator shall immediately notify the C&PR or the Assistant Regional Administrator for review of the move approval and action in accordance with aforementioned procedures for processing detainees.”

Reference: DOM Section 72040.5.1 & 72040.5.3

“The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainee section of the Central File and all such actions shall be entered in the HWD log.”

“The HWD Coordinator’s initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit.”

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“If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer...”

Desk Procedures for the HWD clerical staff were reviewed. Even though the desk procedures are available and cover the HWD processes, the staff are not following the procedures as outlined.

The CCRA portion of the HWD procedures did not include detailed information for dropping holds and whose responsibility it is to ensure holds are removed from the ARDTS, posting the CDC 112, and the CDC 144 Control Cards.

There were 46 Central Files reviewed for this portion of the Compliance Review. Listed below are the discrepancies found in the processing of the Hold, Warrant and Detainers (HWD).

- In all of the cases reviewed, it appears the 4 hours for completing the receipt of a Detainer is not in compliance with Departmental Policies and Regulations. The CDC 850's are not being documented with the times for each part of the detainer process in addition to the CDC 112's are not being posted for several days after the detainer has been received.
- Hold information is not consistently being posted to the CDC 112; Warrant #'s & Agency, NLW when holds are dropped or the time server has expired.
- The CDC 144 cards are not being updated appropriately to reflect the HWD information.
- Detainers, Warrants received with inmate that are not addressed to CDCR are being entered into OBIS as actual holds instead of processing as a potential and staff are not making contact with the law enforcement agency to request a hold.
- Timeserver Expiration Dates are not being posted to the CDC 112, CDC 144 cards or being entered into ARDTS.
- In three of the cases reviewed staff initiated a CDC 661 for inmate with a CYA Hold and gave him the option to file a PC 1381.
- There were several cases which revealed the Time Server's term was not processed timely; i.e., Expiration Date was 3/18/07, however the hold was not dropped until 8/24/07.
- It appeared in some cases the hold information is either not being removed from ARDTS when inmates parole or the same hold information is being re-entered when inmate returns with a new commitment. However, a query of the ARDTS database reflected inmates were not being deleted from the system when they paroled, or updated when the inmate returned. One of the list contained 120 names of inmates that had paroled and the records had not been deleted. Subsequently, some of

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those inmates that have returned have not had their records updated, including the release date. When the Late Release Date Report was queried it had 177 inmates listed. It is hard to determine how staff know when an inmate is due to parole. According to the CCRM and the parole staff they use ARDTS exclusively for their parole processing.

- CDC- 661s are being completed by the Case Records Analyst (CCRA), however for a few of the cases the CCRA had not checked the box for the appropriate type of action to notice the inmate. (1389, 1381, 1203.2a, Stoliker, PC 11177.1 or None).
- CDC-850s are not being prepared consistently for potential holds identified during a Parole Audit and staff are not consistently following through the required HWD process for holds received that are identified during the parole audit.
- In one case reviewed the inmate's status had changed from PVRTC to PWNT, and a new Legal Status Summary (LSS) was not generated. The release date on the LSS in the file reflected a release date of 4/7/07, and the CDC 112 reflected a release date of 12/11/08.
- The CDC 112 is not consistently being updated with actions taken, i.e., Intake, Out To Court, etc.
- On the cases reviewed where the hold had been dropped or when the inmate had paroled to a Detainer, the agencies detainer was not being returned with the parole pick-up or when the drop hold letter was sent.
- Several of the cases reviewed reflected our CDCR 801 was not being removed from the file upon return of the inmate to our custody.
- During the review it was discovered that staff are not utilizing the most current version of the CDCR 801 as directed in Informational Memorandum CR 07/08.
- Cases are not being consistently referred to USINS for possible holds.

General Findings:

- Staff are not utilizing the resources available.
- Staff need consistent directions for the HWD processing.
- The ARDTS Data Base needs to be reconciled with the correct information as it is used exclusively for release dates.

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- Updated Instructional Memorandums are not being shared with staff or incorporated into their desk procedures.

Recommendations:

- Review and update HWD Desk Procedures for the clerical staff to include time frames for completing each step in the process.
- Procedures for the Correctional Case Records Analyst must be located and updated as necessary to include detailed instructions for processing HWD.
- On the job training should be provided and documented for the Correctional Case Records Analyst for their responsibilities in the HWD process.
- Additional training should be provided to the Correctional Case Records Analysts on how to read, review and interpret information on the CII rap sheet.
- OBIS HWD “KCHD” screen should be queried within 24 hours of release to work furlough, TCL or parole to verify there are no new holds for the inmate. This will help to prevent an erroneous release of an inmate with an active hold.
- Share Instructional Memorandums with all staff to ensure compliance with Departmental Policies.
- For quality assurance of the ARDTS Database it is recommended that supervisory staff conduct periodic reviews of ARDTS Database Reports to ensure the data being entered or updated is accurate.

WARDEN’S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 74070.3

“...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday.”

“Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden’s Checkout Order, and arrange distribution as required by institution operations.”

Reference: DOM Section 74070.21

“The following data shall be typed on the CDC Form 161:

- *Date of Release*
- *Type of Release*
- *CDC number*
- *Commitment name*
- *Controlling Discharge Date*

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- *Name of parole unit and county of residence*
- *Parole Region*
- *Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

“The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS”

Reference: Instructional Memorandum (CR 01/14)

“...The CDC Form 161, Warden’s Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement...”

Reference: Instructional Memorandum (CR 92/17)

“...the Warden’s Checkout Order must include a notation above the Case Records staff’s signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable.”

Reference: Penal Code Section 3060.7 Interim High Control Parolee Release Procedures as of December 1995.

“...the Offender Based Information System data entry shall reflect under comments that a HC inmate was “Released pursuant to PC Section 3060.7”

Reference: PC 3060.7 RELEASE HANDBOOK, Classification Services Unit – Institutions Division, February 2002.

“Parolees not subject to PC 3060.7 Release Procedures...12) A parolee in custody pending a revocation hearing who is designated as HC, EOP, HRSO, or Second Striker parole supervision level and who is continued on parole by the Board of Prison Terms (BPT) during a revocation hearing. Non-revoked parolees are not considered inmates. However, the C&PR/CC III-RC shall immediately alert the Unit Supervisor of the imminent release of the inmate.”

Reference: DOM 75010.14.1

“When revocation of parole extends the period of parole, the recomputed PRRD (if applicable), RRD, PCDD (if applicable), CDD and DRD shall be posted to the first page of the BPT Form 1103; or BPT Form 1104, top right corner, prior to distribution.”

Reference: DOM 75010.14.2

“The original of all board reports and BPT decisions forms shall be filed in the C-file.

The below listed forms shall be distributed by case records staff as follows ...

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- *Parole Agent...*

Reference: Instructional Memorandum Dated May 9, 1989, Notification of Release Date and Residence Plan –From Institution to Parole Unit –CDC 1121, signed by R.H. Denninger, Deputy Director, Institutions Division and Ed Veit, Deputy Director, Parole and Community Services Division

“...The parole agent is notified by telephone if the release date change occurs ten days prior to release. Under no circumstances should the regional Records Office be given the responsibility to notify the parole unit of the release date, except for re-entry inmates and parole violators confined Return-to-Custody facilities....” The above reference was modified to include notification via fax or telephone.

Central files were reviewed for inmates/parolees who were released from Deuel Vocational Institution Reception Center for the preceding week of the review. Significant issues surrounding individual cases will be addressed with specific facts. There were 51 cases reviewed and the overall findings are as: follows:

- 50 of the CDCR Form 161, Warden’s Checkout Order did not reflect the time of release pursuant to policy and procedures (DOM Section 74070.21).
- 7 of the CDCR Form 161, Warden’s Checkout Order did not reflect the Controlling Discharge Date pursuant to policy and procedures (DOM Section 74070.21).
- COP’s and Credit for Time Served cases are not being released timely for no apparent reason; of the 51 files reviewed 8 cases were released one or more days late with no apparent reason.
- CDC Form 1121, Notice of Release Date and Residence Plan – From Institution to Parole Unit are not being utilized when there is a date change for a PVRTCs. When imminent releases occur there are no notations that the Unit Supervisor/Agent of Record are notified.
- Of the 51 cases reviewed, 1 case had the wrong county of residence notated.
- During the review 1 case was found to be an early release. It was reported to the Case Records Manager immediately.
- The CDCR Form 161, Warden’s Checkout Order being utilized does not meet the Department’s Specifications.
- During this review it was noted that the CDC 112 is not being posted pursuant to Departmental Policy.
- The CDC 112 is not being posted accurately or is incomplete.

In reviewing the early/late releases, there were 4 reports given to the Review Team by the Case Records Manager and 1 report was found in one of the

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Central Files being audited by the Review Team. These reports have not been reported or forwarded to Case Records Services in a timely manner. Four of these reports are dated for the month of April and one is dated 2/19/08.

General Findings

- The information reflected on the CDCR 161, Warden's Checkout Order is not being verified that it is correct prior to sign off.
- The current version of the CDCR 161, Warden's Checkout Order needs to be utilized to meet Departmental Specifications.
- The policy and procedures for reporting of the Early/Late Release Reports are not being followed.

Recommendations:

- On the job training should be provided to all Correctional Case Records Analyst regarding conducting a complete and thorough audit and what that entails.
- On going on the job training should be provided. I would recommend training sessions be scheduled on a regular basis for two hour blocks, and all CCRAs should participate.
- OBIS COFQ screen should be queried for all PVRTC's on arrival, the Tentative Discharge Date (TDD) should be checked to ensure the parolee has not discharged or if the discharge date is close it should be tracked to ensure parolee/inmate is not detained unlawfully.
- A procedure needs to be established to ensure the Agent of Record is notified of PVRTC inmates calculated release dates.
- A procedure needs to be established to ensure the Agent of Record is notified of any release date changes for PVRTC's as required.
- Ensure the CDCR Form 161, Warden's Checkout Order, which has been automated at your facility, be in compliance with Departmental Specifications.

STAFF VACANCIES

The vacancies are reported as follows:

Two Office Services Supervisor's

Two Office Technician's

One Office Assistant